COMPONENTS AND DIMENSIONS OF INDEPENDENT LIVING AMONG COMMUNITY DWELLING FILIPINO OLDER ADULTS

BY

RITZMOND FAINSAN LOA

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY (NURSING SCIENCE)
FACULTY OF NURSING
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was approved as partial fulfillment of the requirements for
the degree of doctor of philosophy (nursing science)

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ABSTRACT

This study aimed to explore the components and dimensions of independent living among community-dwelling Filipino older adults living in urban and rural communities. Independent living is defined differently in different group and its meaning can change from one culture to another and also across time. As people age, quality of life is determined by their capacity to live independently. Understanding the components and dimensions of independent living according to culture is a key to planning appropriate interventions to achieve independent living of older adults.

This qualitative descriptive research was approved by the Ethics Review Sub-Committee for Research involving Human Research Subject of Thammasat University No 3 in Pathumthani, Thailand. From April to December 2019. The sample of this study were physically healthy older adults aged 60 years or older living alone or with families friends, or household helper in urban or rural community, conversant, and able to read and write Filipino or English language. The researcher conducted audio-recorded in-depth interviews with thirty two older adults using a semi-structured interview guide. Data were analyzed using content analysis.

Findings of the study revealed that the componentst of independent living for older adults included maintaining good health, ability to engage in self-care, unburdening others, gaining control, making decisions, engaging with the community,

connecting with family and significant others, having good relationships with others, having a source of income, and maintaining religious practices. These components were categorized into five dimensions reflecting the physical, psychological, social, financial, and spiritual dimensions of independent living.

Independent living for older adults is multidimensional and reflects their cultural identity, resources that they need, and their attitude toward aging. Insights on how older adult views independent living will enable family caregivers, nurses, and policy makers to create opportunites, programs, and policies that promote independent living, and quality of life of older adults in the Philippines.

Keywords: community dwelling older adults, independent living

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WHO World Health Organization
UN United Nations

CHAPTER 1
INTRODUCTION

1.1 Background and Significance

The world's population is aging. The United Nations reported that 1 billion of the world's population is aged 60 years and older, and it is projected to increase to 1.4 billion in 2030, reaching 2.1 billion by 2050 (United Nations, 2017). With 7.3% of the population aged 60 years and older, the Philippines ranked fourth highest among Southeast Asia countries in the percentage of older adults in the population (World Bank, 2016). Also, the percentage of older adults in the Philippines is increasing rapidly, and growing more quickly in comparison to other age groups (Philippine Department of Social Welfare and Development, 2015). It is estimated that it will continue to increase to 10.3% by 2030 and 24% by 2050 (Help Age International, 2017).

In the Philippines, the family is regarded as the most important support system to older adults (Weng & Robinson, 2014). Adult children are expected to show debt of gratitude to the family by honoring filial obligations to provide support to older adult parents (Alampay, 2014). According to the Department of Social Welfare and Development (2015), 87% of Filipino older adults are receiving monetary support from their adult children, while 66% are receiving non-monetary support in a form of physical care. In addition to caregiving, co-residence with children is the common living arrangement of older adults in the Philippines. The Philippine Department of Social Welfare and Development (2015) reported that 74% of Filipino older adults are living with their children than those who are living alone (6%). Caregiving for older adults in the family is reinforced by Article XV, section 4 of the 1986 Philippine Constitution which states, "The family has the duty to care for its elderly members although the State may do so through programs of social security." However, the traditional support provided by the family is weakening due to imbalance in the number of older adults relative to the number of younger or middle-aged adults to care for them (Philippine Department of Social Welfare and Development, 2015), social instability (De Leon, 2015), and caregiver stress (Orfila, Coma-Sole, Cegri-Lombardo, Moleras-

Serra, & Pujol-Ribera, 2018). Although the government provides pension and social services in a form of benefits and privileges, it is not enough to sustain the needs of the older adult population (Villegas, 2014). Hence, it is important for older adults to be able to live independently as much as they can so they will not be dependent and burden to their family and the society. Furthermore, the Philippine Plan of Action for Senior Citizens identified independent living as one of the strategies to achieve active ageing among senior citizens.

Independent living is defined differently in different age groups and its meaning can change from one culture to another and across time. In gerontology, independent living refers to living in one's own home or outside an institution (Verver, Merten, Robben, & Wagner, 2017). For people with disability, independent living refers to the ability to direct, manage, or control living task through one's own actions or others (Reed et al, 2014; Woodill, 2006). On the other hand, the community model views the importance of mutual partnership and social relationship to achieve independent living. Moreover, the term "independent living" is synonymously used with the concept of independence and autonomy.

Independent living comes from the word "independence". Independence as a term has multiple meanings. However, literature suggests that there are two approaches in defining independence. The functional approach defines independence as the ability of an individual for self-care (Bonder & Dal Bello-Haas, 2018), while the capacity approach defines independence as a range of dimensions composed of physical functioning, emotional functioning, and economic conditions of the individual (Harris, 2013). Moreover, in many Western culture, independence means engaging in solitary activities or doing things alone (Barken, 2017); having family and friends (Tuohy & Stephens, 2016); having money (Pirhonen, Ojala, Lumme-Sandt, & Pietila, 2016; Bell & Menec, 2015); preserving physical and mental capacities (Hillcoat-Nalletamby, 2014); being in control and making one's own decision (Rabie, 2013); living in one's own home (Wiles, Leibing, Guberman, Reeve, & Allen, 2012); ability to adapt and use devices and equipment, and being able to help others (Hillcoat-Nalletamby, 2014). Many of these social meaning also appear in Asia cultures, however, Asian cultures also emphasize other aspects or dimensions of independence such as engagement with life (Cheng, Chi, Fung, Li, & Woo, 2015); shared decision making(Wada, 2016), peace

of mind (Tohit, Browning, & Radermacher, 2012); completion of obligation to family (Cheng, Chi, Fung, Li, & Woo, 2015); living in an environment with accessible transportation and business establishments (Evans, Allotey, Imelda, Reidpath, & Pool, 2017; Shin, 2014); spiritual well-being (Cheng, Chi, Fung, Li, & Woo, 2015; Tohit, Browning, & Radermacher, 2012), having time for relaxation, being employed, having sufficient money for personal expenses, and being capable of participating in spiritual activities (Harnirattisai & Vuthiarpa, 2020). Moreover, independence in Western cultures reflected the physical, social, psychological, financial, and technological dimensions of independence, while Asian cultures included the spiritual dimensions of independence. Additionally, the environment, health care setting, and social systems of the older adults influence how older adults perceived independent living. Furthermore, empirical research suggested that independence is an important concept for older adults because of its positive impact on the health and well-being. Independence is important because it promotes self-worth, dignity, self-esteem, life-fulfillment, and sense of achievement of older adults (Harnirattisai & Vuthiarpa, 2020; Pritchard-Jones, 2017; Tavares, Matias, Ferreira, Pegorari, Nascimento, de Paiva, 2016; Black & Dobbs, 2014). Moreover, Erickson argued that although physical and cognitive changes restrict the capability of older adults to self-manage, independence is important in order to develop their integrity and prevent despair in their later stage of life (Perry, Hassevoort, Ruggiano Shtompel, 2015). On the contrary, dependence creates depression, doubt, physical deterioration, and the loss of will to live (Pritchard-Jones, 2017; Han, Lee, Gu, Oh, Kim, 2015). Furthermore, research showed that independence has positive impact on the health status and can increase the productivity of older adults through their contributions in the community (Pruchno & Rose, 2000). Likewise, independent living is an important key to ensure happiness, pride, and quality of life of older people, as well as improvement of the society (Murphy, O'Shea, Cooney, & Casey, 2007). Therefore, it is important that the components and dimensions of independent living in the context of the older adults be explored to clearly understand the phenomenon. As people age, quality of life is determined by their capacity to live independently (WHO, 2002). Understanding the components and dimensions of independent living according to the culture is a key to planning appropriate interventions to achieve independent living of older adults.

The World Health Organization Global Strategy and Action Plan on Ageing and Health (2016-2020) identified research as a priority area to understand the issues and experiences of older adults in order to achieve healthy aging as well as to strengthen national capacity to formulate evidence-based policy. The life situation and the skills required to meet demands of everyday life differ in the low-income, catholic, and family-oriented countries in Asia like the Philippines. To date, there is no existing published literature on the components and dimensions of independent living among community dwelling Filipino older adults. Understanding the components and dimensions of independent living is essential to healthy aging (Mantovani, 2015). Therefore, in view of the existing gaps, the purpose of this study is to explore the components and dimensions of independent living among community dwelling Filipino older adults both as a concept and as something they hope to achieve.

1.2 Research Objective

The objective of this descriptive qualitative study is to explore the components and dimensions of independent living among community-dwelling Filipino older adults.

1.3 Research Questions

1.3.1 What are the components of independent living as perceived by community dwelling Filipino older adults?

1.3.2 What are the dimensions of independent living as described by community dwelling Filipino older adults?

1.4 Scope of study

In this study, the researcher described the components and dimensions of independent living as perceived by community dwelling Filipino older adults between April and December of 2019. The sample of the study was gathered from an urban and rural community dwelling healthy Filipino aged 60 years or older in four areas in the Philippines, namely, Bulacan, Pampanga, City of Manila, and Quezon City.

1.5 Preconceived Notion

The study adopted an interpretive paradigm since the researcher holds the view that individuals form their own realities or meaning. The participant's view matters to the researcher, and the role of the research is to uncover these multiple views. In this study, the interpretive paradigm guided the investigator in discovering the components and dimensions of independent living among community dwelling Filipino older adults. The investigator collected data from Filipino older adults living in their homes, and inductively develop the codes, themes, and perspectives that characterize independent living. Subsequently, the investigator returned to the older adults to validate the themes, since the investigator viewed the participants as experts in the study.

In this study, independent living was viewed as culture specific, and that there was no universal components and dimensions for older adult independent living in all countries. Although some of the components or dimensions are similar in Western culture, the items may be different due to environmental and socio-economic conditions, technological resources, and cultural values of the older adult. Thus, there is a need to understand its components and dimensions in the context of community dwelling Filipino older adults, and the quality measurement tools might be developed later. The nursing profession as a caring environment should provide opportunity to all its clients to develop independence by taking an active role in their care. Understanding the components and dimensions of independent living of the older adults based on the cultural context, socioeconomic conditions may provide nurses the information in promoting and measuring independent living of community dwelling Filipino older adults. Moreover, it may guide policymakers in developing policies and programs for community-dwelling older adults so that they can maintain their personal integrity and well-being. Understanding the components and dimensions of independent living of the older adults can help identify their biopsychosocial spiritual needs that should be provided by the family, community, and the society. Thus, the information provided may serve as a foundation in drafting policies and guidelines that will benefit the older adult population.

1.6 Operational Definition

1.6.1 Independent living referred to the ability of the individual to manage or control their own life by themselves or through the directions of others.

1.6.2 Community dwelling Filipino older adults referred to individuals aged 60 years and more living in their homes by themselves or with their families within a village or community. They are social bound, and physically capable of performing activities by themselves without the assistance from others.

1.6.3 Components of independent living referred to the different factors that contribute to living independently of older adults in the community.

1.6.4 Dimensions of independent living referred to the physical, social, financial, psychological, and spiritual aspect of the person that are essential to the overall well-being of older adults in the community.

CHAPTER 2
REVIEW OF THE LITERATURE

2.1 The state of older adults

2.1.1. Global

The world's population is aging. The World Health Organization (WHO) reported that the number of population aged 65 years and older in 2019 was 703 million (United Nations, 2019). Globally, the proportion of aging population is large in high-income countries as compared to low-income countries. Japan has the world's largest aged population (33%), followed by Germany (28%), Italy (28%), Finland (27%), Sweden (26%), and Bulgaria (25%). In Asia, the oldest population is located in East Asia like Japan (33%), Republic of Korea (18.5%), and China (15.2%), while the young countries are located in the South-Central Asia, South-Eastern Asia, and Western Asia. In Southeast Asia, countries with aging population are Thailand (15.8%), Vietnam (10.3%), Indonesia (8.2%), and Philippines (7.3%). Moreover, the older population is higher in urban areas than in rural areas due to urbanization that influenced migration of families to search for jobs and better life. In terms of gender, the proportion of aging women are higher compared to men. Women accounted 54% of the global aging population. In addition, the proportion of married older adults is higher than those who are single.

It is projected that the number of older population will increase to 1.4 billion in 2030, and 2.1 billion in 2050. According to the United Nations (2019), the number is expected to increase rapidly in the next three decades in Northern Africa and Western Asia, and Sub-Saharan Africa. However, there is a small increase in regions like Australia and New Zealand, Europe, and Northern America. Moreover, the rate of population aging is faster in developing countries compared to developed countries due to demographic transition (United Nations, 2019). The developed countries started the demographic transition centuries ago compared to developing countries that started recently.

The increasing number of the older population can be attributed to two factors: 1) decline in fertility, and 2) increase in life expectancy (He et al., 2016). The decline

in fertility is attributed to access in reproductive health programs and access to education. Across the six regions, Asia, Latin America and the Caribbean have shown a huge decline in fertility to 2.1 children per woman. In Asia, China (1.66), Thailand (1.41), and Vietnam (1.75) have extremely low fertility rates below the average in Asia. The decrease in fertility over the past years also influences the trends in potential support ratio. It is defined as the ratio of people aged 15-64 years per person to persons aged 65 years or over. It is a numerical relationship between those most likely to be economically productive and those more likely to be dependents. Globally, there were seven working people for each older adult in 2020 from 10.1 ratio in 1950 but it is projected to decline to 4.9 in 2030, and 3.5 or lower by 2050. Across regions, Europe has the lowest potential support ratio (3.5), followed by Northern America (4.0), Oceania (4.8), Latin America and the Caribbean (7.6), Asia (8.0), and Africa (12.9). In Asia, Japan (2.2) has the lowest, followed by Korea (5.2), Singapore (5.7), Thailand (6.1), and China (6.9). It is expected that the potential support ratio will decrease across regions worldwide by 2050.

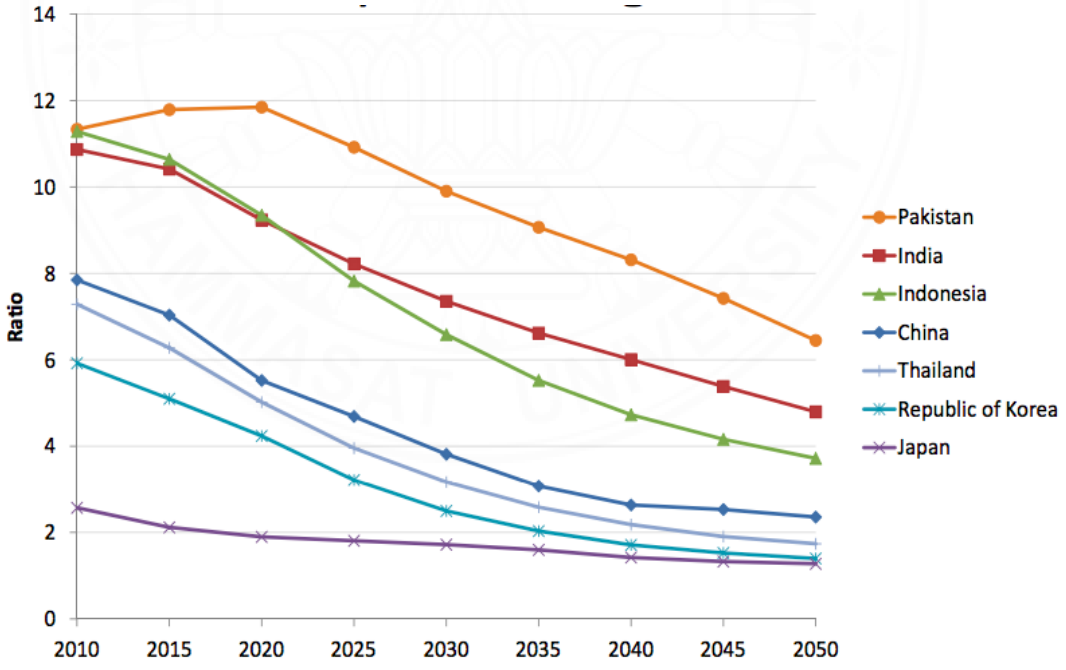

Figure 1: Trend in Potential Support Ratio in Asia from 2010 to 2050

Source: World Bank (2016)

In addition, the increase in life expectancy affected the increase of aging population. The increase in life expectancy is attributed to medical advances, access to health care services and nutrition, improvement of living standards, and initiatives to healthy living (Candley, 2012). In the study done by Mathers, Steven, White, and Tobias (2015), results revealed that the increase in life expectancy is attributed to the reductions in tobacco-related and cardiovascular disease mortality among men and women. During 1950-1955, the average life span globally was 46.8 years but it has risen to 70.5 years in 2010-2015. Across the six regions, North America had the longest life expectancy (79.2), followed by Oceania (77.5), Europe (77), Latin America and the Caribbean (74.5), Asia (71.6), and Africa (59.5). In the Asian region, the average life expectancy is 70.3 years for males and 74.5 years for females in 2016 (United Nations Social Development Division, 2016). Moreover, the increasing life expectancy is faster in Asia than in any other region in the world. The life expectancy of older people in Japan, Hongkong, China, the Republic of Korea, and Singapore has increased quickly compared to other countries (World Bank, 2016). The more life expectancy increases, the longer older adults live beyond the average life expectancy (Beard, Officer, & Cassels, 2016). Across countries in the globe, Japan has the longest life expectancy (82.6), followed by Hongkong (82.2), Iceland (81.8), and Switzerland (81.7). The concept of old has been categorized into young-old (65-74 years), middle-old (75-84 years), and old-old (85 years and older) (Touhy & Jett, 2015). The number of old-old is increasing faster compared to the two categories. It is projected that the number of old-old will be 434 million by 2050 globally. In Asia, the proportion of 80 years and older in 2016 is 1.5% of the total population which is equivalent to 53 per cent of the old-old global population (United Nations Social Development Division, 2016). It is expected to increase to 59% or around 259 million by 2050.

The situation of older people varies across regions and countries. Globally, co-residence with adult children is higher in low-income countries compared to high income countries (World Bank, 2016). However, more women are living alone as they age in developed countries. Across regions and gender, co-residence with adult children is higher in Asia and in men as compared to other regions and gender (United Nations Social Development Division, 2016). Although co-residence is seen as an important indicator of access of support among older adults in Asia, it has decreased over the past

decades due to smaller families, higher income, migration, and changing views of the society (World Bank, 2016, Yueng & Cheung, 2015).

Globally, labor force participation of older adults varies among regions. In high income countries, less than 10% of older adult population was in the labor force due to its economic resources and policies that encourage early retirement (He, Goodkind, & Kowal, 2016). In contrast, older adults in low-income countries work until very old age or until physically or mentally unable due to poverty and undeveloped social security systems. However, labor force participation of older adults is increasing in developed countries due to changing social norms and increasing life expectancy (World Bank, 2016). Self-employment is the dominant form of work among older adults in low-income countries particularly those living in rural areas (Giles, Hu, & Huang, 2015). Nevertheless, older adults living in urban areas are more involved in trade and business as a source of income. Across countries, women are more involved in labor force as compared to men (World Bank, 2016). Moreover, the share of older adult working part-time is high but varies across countries. Part-time work is common among older adults receiving pension to have an alternative source of income that sustain their needs and maintain social connection. In addition, poverty among older adults is higher in rural areas compared to urban areas across regions (World Bank, 2016). Although older adults rely on labor income, financial support from families and the government is also dominant in Asia. Families provide financial support in the form of private transfers, and public transfer from the government in a form of pension. Generally, pension coverage is low in the Asian region compared to other regions in the world, although there are differences among countries (World Bank, 2016). As a result, many older adults in Asia need to work after retirement in order to meet their needs.

Across the globe and within regions, there are many international legal policies that relate to the status of the older adults and how they can live independently within their communities. Globally, one of the significant international guidelines is the United Nations Principles for Older Persons that embodied the rights and freedom specific to older persons. It categorizes the rights and freedom into five principles, namely: independence, participation, care, self-fulfillment, and dignity. It is important to note that independence is not defined in this principle, but the components are

multidimensional. According to Doron & Mewhinney (2007), the principle of independence states that older persons have the right to access adequate food, water, shelter, clothing and health care, work and have income, retire and participate in labor force, access educational and training programs, live at home and in safe environment according to their preferences. The principle of participation states that to remain integrated in the community, older adults have the right to political opportunities, share knowledge, skills, values, and life experiences, serve the community, and organize movements or groups. The principle of care states to maintain well-being, older adults have the right to benefit from family support and care, secure health care, access social and legal services, use institutional care, and exercise their rights and freedom as normal being. The principle of self-fulfillment states that older adults have the right to be treated equally, safe from exploitation and abuse, and make personal decision. Moreover, these five principles emphasized the responsibilities of older persons to remain active, capable, and self-reliant as long as their health and personal situations allow them. These principles guided the delivery of services and the behavior of the society to protect the rights, promote independence, and encourage participation of older adults in the community.

Another significant international policy is the United Nations International Plan of Action on Ageing 2002. It identified three priority directions to achieve successful adjustment to the aging society, improvement of the quality of life, and well-being of older adults. The three priority areas are: 1) older persons and development, 2) advancing health and well-being into old age, and 3) ensuring enabling and supportive environments. This plan identifies the principle of independence as a guide to a broad range of objectives that relate to physical, social, economic, psychological, and environmental conditions of older adults which are necessary to live independently in the community. In the United Nations Plan of Action on Ageing 2002, independence was mentioned in the context of development, migration, and urbanization. The United Nations recognized that older adults need support services that are usually provided by their families but are no longer available due to rapid development, migration of younger family members, and urban development. Independence in the plan of action mean providing services to older adults that will ensure they could live and function in communities.

In Asia, the Macau Plan of Action on Ageing for Asia and the Pacific (1998) provides specific recommendations and guidelines to Asian countries on how they can set goals and targets to address the needs of the older adults. It addressed seven areas, namely: 1) social position of older persons, 2) older persons and the family, 3) health and nutrition, 4) housing, transportation, and the build environment, 5) older persons and the market, 6) income security, maintenance, and employment, and 7) social services and the community. The Plan of Action recognized that the traditional support provided by the family and the community is not adequate or has diminished due to rapid social and economic development. Thus, it emphasized the roles of the family and the government to meet the social, emotional, health, financial and development needs of older adults to maintain their well-being (Doron & Mewhinney, 2007). In this plan, independence was not defined but it highlighted the need of older adults to remain engaged in the community.

In addition to the different international policies, the World Health Organization Active Ageing: Policy Framework (2002) served as a baseline for the development of action plans that promote healthy and active aging by optimizing the opportunities for health, participation, and security in order to enhance the quality of life of people. Within the framework, the ability to maintain independence and autonomy is viewed as determinants of quality of life in aging, and the central policy goal for both individuals and policy makers (World Health Organization, 2002). Moreover, it adopted a multidimensional approach in designing policies and programs for active ageing by looking at the influence of gender and culture in the different determinants surrounding the older adults, their families, and nation. Furthermore, the World Health Organization developed the policy titled "Towards an International Consensus on Policy for the Long-Term Care of the Ageing". The policy aims to provide an international consensus on the care of frail older adults requiring long-term care. Independence at the highest possible level is one of the desired outcomes of long-term care for frail older adults (World Health Organization, 2000).

Currently, the World Health Organization developed a comprehensive Global Strategy and Action Plan on Ageing and Health (2016-2020) to guide its member states in planning strategies and programs to achieve a long and healthy life for everyone following the principles of human rights, equity, equality, and non-discrimination on

the basis of age, gender equality, and intergenerational solidarity. The Strategy and Action Plan identified five priority areas for action: 1) commitment to healthy ageing, 2) aligning health systems with the needs of older populations, 3) developing systems for providing long-term care, 4) creating age-friendly environments, and 5) improving measurement, monitoring, and understanding. Among these five priority areas, it identified improving measurement as important areas to understand the health issues and experiences of older adults, and the usefulness of different interventions that address the needs of older population. The World Health Organization recognized that focused research, and improved measurements are important to understand and act on healthy aging. Thus, this research on the development of the independent living scale for older adults will have a significant contribution in improving measurement for older adults.

The increase of aging population presents a big challenge worldwide (Breitholtz, Snellman, & Fagerberg, 2013). Resources at the global, national, and at the local level are a concern in searching for affordable, appropriate, and effective ways to meet the needs of older adult population (Holm, Severinsson, Holm, & Severinsson, 2013). The challenge to the government and to the older adult is to find ways that will allow them to live independently as much as possible even without the traditional support of the families(An Roinn Slainte, 2013; World Health Organization, 2015).

2.1.1. Philippines

The Philippine population is aging. According to the United Nations, a society is considered to be aging if seven percent of the total population comprises 60 years old or older. In 2010, there were 6.2 million older adults, representing 6.8% of the total population. In 2015, the number of older adults increased to 6.5 million or 7.3 per cent of the total population. In the 2018 baseline survey of the Longitudinal Study of Ageing and Health in the Philippines (Cruz, Cruz, Saito, 2019), 59.7 % are females while the rest are males (40.3%). The sex ratio for older adults is 68 males for every 100 females. Moreover, the proportion of females is larger compared to the males with the largest gap between 60 to 64 years (30%), and 80 years or more.

Background and characteristics	Percentage (%)
Sex	
Male	40.3
Female	59.7
Age	
60-69	62.8
70-79	25.9
80+	11.2
Mean Age	
Male	68.20
Female	69.55
Both Sexes	69.01

Table 1: Percentage distribution of older adults by sex and age in the Philippines
Source: Ageing and Health in the Philippines (2019)

In the Philippines, most of the older adults are married (44.2%) and widowed (41.5%). A small percentage of the older adult population is single (3.2%), divorced (6.8%), and with other marital arrangements (4.4%). Moreover, a large proportion of the male older adults is married (63.4%), widowed (20.1%), live in (6.3%), divorced (6.0), and single (4.2%). On the contrary, there are more widowed (55.9%), married (31.3%), divorced (7.3%), live in (3.0%), and single (2.5%) female older adults than males.

In terms of educational attainment, most of the older adult population in the Philippines completed elementary education (66.3%), high school (19%), with a few colleges (7.9%) and no formal education (6.8%). However, there is no significant differences in terms of education attainment between sex and age groups.

The Help Age Global Network (2017) predicted that the older adult population in the Philippines will continue to increase to 10.3% by 2030 and 24% by 2050. In comparison to other age groups, the older adult population is the fastest growing population since 1960s. The average growth rate with ten-year interval from 1960 to

2010 is 3.36%, with its peak from 1970 to 1980 at 4.4%. Currently, the growth rate remained steady at 3.2 from the last 10 years and it is projected that the number of older adult population will be higher than those aged 0-14 years until 2065. Although the proportion of the older population is relatively smaller compared to the young population, the number of older adult population is substantial and steadily increasing over time.

The increase in the proportion of older adult population in the Philippines is primarily attributed to increasing life expectancy among Filipinos. In 1960, the average life expectancy Filipinos at birth is 57.81 years but it increased to 69.01 years in 2015 that is three years shorter than the average life expectancy at birth globally. It projected that the life expectancy at birth will continue to increase to 74 years by 2020 and 75 years by 2025. However, the life expectancy of women is longer compared to men (Badana & Andel, 2018). Women are projected to live 4.7 years longer in life expectancy by 2030 (Help Age Global Network, 2017). In the study done by Cruz, Saito, & Natividad (2007) on the life expectancy of older adults in the Philippines, results showed that women in the Philippines live longer than men with the biggest gap among 80 years old and older. In general, the increase in the life expectancy among Filipinos is due to the improvement in public health services, universal health care program, development of new drugs and technology, disease prevention activities, and improvement of the socio-economic conditions in the country (Alvarez, Ong, & Abocejo, 2017).

YEAR	LIFE EXPECTANCY	MEN	WOMEN
1960	57.81	56.61	59.08
1965	59.33	57.98	60.75
1970	60.81	59.14	62.57
1975	61.54	59.54	63.63
1980	62.15	59.87	64.56
1985	63.80	61.30	66.42
1990	65.26	62.60	68.05
1995	66.27	63.45	69.23
2000	67.19	64.19	70.34
2005	67.80	64.63	71.13

YEAR	LIFE EXPECTANCY	MEN	WOMEN
2010	68.36	65.09	71.79
2015	69.01	65.68	72.50

Table 2: Life expectancy at birth of Filipinos from 1960 to 2015 by sex in 5 years interval
Source: Philippine Department of Social Welfare and Development (2015)

In addition to increasing life expectancy, the decline in fertility contributed to the increase in proportion of older adult population in the Philippines. Compared to other countries with a rapid decline in fertility rate, it is slow in the Philippines. Fertility rate measures the number of children that would be born to a woman throughout her childbearing years. In 1960, the total fertility rate is 7.1 children for every woman but it declined to 2.89 children for every woman in 2017. The decline in the fertility rate is due to the implementation of the National Population Program (NPP) in 1971, and the Republic Act 10354 or Reproductive Health Act in 2012 that provides access to methods of contraception and fertility control. However, the slow decline in fertility rate is due to the strong resistance of the Catholic Church to use artificial methods of contraception because the Philippines stands out among its neighboring countries in Asia as predominantly Christian nation in the region. Despite strong opposition from the Catholic Church, the government was able to implement its reproductive health program and reduce fertility rate since the implementation of program.

The increase in proportion of older adults due to the increasing life expectancy and declining fertility rate will also affect the potential support ratio in the Philippines. The potential support ratio refers to the number of persons aged 15 to 64 who will support persons aged 65 years or more. It represents a numerical relationship between those most likely to be economically productive and those most likely to be dependents. In 2000, there are 14.6 working people to support an elderly but it declined to 11.6 in 2015. It is projected that the potential support ratio will continue to decline in the coming years.

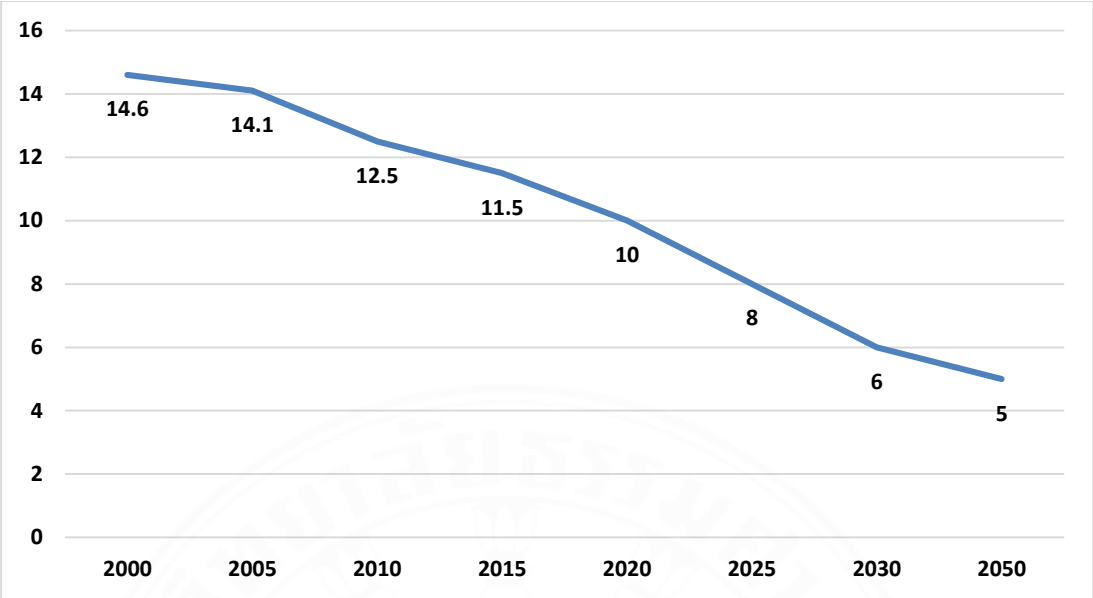

Figure 2: Trends in Potential Support Ratio in the Philippines from 2000 to 2050
Source: Philippine Department of Social Welfare and Development (2015)

In the Philippines, older adults are valued in the society. It is integrated in the culture of the Filipinos to support the older adults in the family. The family is regarded as the basic and important component of care network for the older adult (Weng & Robinson, 2014).The cultural value of close family ties, and debt of gratitude or "utang na loob" strongly influences the moral obligation to support members of the family (Saito, Imamura, & Miyagi, 2010). In rural areas, low-income families depend on extended family obligations and support of family members to ensure the wellbeing of the whole family. Children are expected to show respect and debt of gratitude to the family by honoring filial obligations to provide some form of instrumental or financial support to older adult parents (Alampay, 2014). In the study done by Cruz (2013), findings show that a significant number of Filipino older adults received financial (87%) and non-monetary (66%) support from adult children. Survey revealed that 9 out of 10 older adults expect financial support and physical care from their children (Cruz, 2013) upon reaching old age. Moreover, caregiving for older adults in the family is reinforced by Article XV, section 4 of the 1986 Philippine Constitution which states "The family has the duty to care for its elderly members although the State may do so through programs of social security."Hence, abandonment of older adults in the family is perceived as a grave social offense (Alampay and Jocson, 2011). It is also important

to note that caregiving for older adults in the Philippine culture is perceived as a woman's task. Adult daughters are responsible to provide physical care, and adult sons support the financial needs of the older adult. Men do not assume the caregiving role due to machismo (Alvarez et al., 2017). The study done by Alvarez et al. (2017) revealed that the family caregivers of older adults are their female, married children. Older adults preferred their adult daughters because of their innate feminine abilities to provide physical care (Alvarez et al., 2017; Cruz, 2013). Although the adult sons are expected to provide financial support, the culture does not limit adult daughters to give monetary support. Recent survey revealed that money from adult children working within and outside the country are the primary source of income among Filipino older adults (Devasahayam, 2014).

In addition to caregiving, co-residence with children is the common living arrangement of older adults in the Philippines. The data show that a high percentage of older adults are living with their children (74%), those living with spouse (8.35%), and only few are living alone (6%). Between sex, a higher percentage of male (74.5%) older adults are living with their children compared to female (73.4%) older adults. On the contrary, more females (5.3%) are living alone than male (3.3%) older adults. The high percentage of co-residence reflects the strong family ties and collectivism of the Filipinos that is the same with the Chinese and Japanese. This cultural value can be traced backed to its socio-political history. The Philippine culture is a mixture of eastern and western influence as result of the Spanish (1521-1898), American (1898-1941), and Japanese (1941-1945) colonization in the Philippines. However, sociologist argued that these values are not from the principles of Confucianism and Buddhism like in other Asian countries. Most of the practices and attitudes towards the older adults are highly influenced by the Spanish. The collectivist nature is based on the concept of *"kapwa"* which refers to other or fellow being and *"pakikipagkapwa"* or commitment to other(Cleofas, 2016). This value is learned in the family and reinforced by the Catholic belief system of "self-sacrifice" for the welfare of the family (Badana & Andel, 2018). Moreover, Catholics are obliged to honor their parents by showing respect and caring for parents when they become old and weak. Despite the high percentage of older adults living with their children, it is notable that the percentage of older adults living alone is increasing in the Philippines. In 1986, the percentage of older adults living

alone is 3% (Racelis, Abrigo, & Salas, 2012) but it increased to 6% in 2014 (Yeung & Cheung, 2015).

Despite the support provided by the family, there are many issues affecting the older adults in the Philippines. According to Carlos (1999), financial security, occurrence of abuse, and health problems were among the common issues that concerns older adults. The Philippines is an economically developing country with 26.3% of the total population living below the international poverty line (USD 1.9 per day). Recent data from the Department of Social Welfare and Development (DSWD) reported that 13.7% of older adults are living in poverty making them the 8th poorest sector in the society (Help Age Global Network, 2017). Due to poverty, financial security is an issue that concerns older adults in the Philippines especially those living in rural areas. Although the statutory age of retirement is 60 years, older adults continue to work as long as they are physically capable in order to support themselves and contribute to household income. Data shows that 66% are in the labor force with 48% are men and 28.8% women. Most of the older adults in the labor force are involved in farming, fishing, and forestry (40.59%), entrepreneur business (20.62%), and some are laborers and unskilled workers (9.61%). The type of labor force participation of older adults is due to low education, lack of decent employment, and the prevalent agriculture sector in the country (Rutkowski, 2018). Notably, 28.3% of older adults received income from pension because social protection is linked with formal employment. Agricultural workers, fishers, laborers, as well as informal workers including household helpers, vendors, and drivers are not qualified to the regular pension system. Although poor Filipino older adults aged 77 years or older who are not receiving any government or private pension may be eligible under the RA 9994 Social Pension Act, the amount of 500 pesos or USD 10 per month is not enough to support the cost of living. Most of the older adults rely on informal sources of income and financial support from their children. However, the traditional financial support provided by the adult children is weakening through time due to economic and social instability (De Leon, 2015). Hence, older adults must be able to live independently to meet their basic needs.

Another critical issue among Filipino older adults is abuse. The World Health Organization (2018) defined elder abuse as "single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of

trust which causes harm or distress to an older person." Abuse among older adults may be categorized as physical, psychological or emotional, financial or material, and neglect (Institute of Medicine and National Research Council, 2014). Physical abuse is an act that causes pain or physical injury. Psychological or emotional abuse refers to verbal assaults, threats, humiliation, and ridicule. Material or financial abuse involves misuse of property, theft, or forcing the older adult to sign legal documents. Neglect is further classified as passive or unintentional, and active or intentional. Studies have shown that elder abuse is commonly committed by family but often not reported because of fear for themselves and to protect family and friends (Martins, Neto, Andrade, & Albuquerque, 2014). Family commits elder abuse due to caregiver stress associated with providing physical care and assistance to highly dependent older adult (Orfila, Coma-Sole, Cegri-Lombardo, Moleras-Serra, & Pujol-Ribera, 2018). Literature shows that active negligence is the most common form of elder abuse in the Philippines.

FORMS OF ABUSE	No. of Elderly	Percentage
Active Negligence		
Indifference	13	34.2
Forsaking of the frail	11	28.9
Breach of Duty	9	23.7
TOTAL	33	86.8
Psychological Abuse		
Isolation	14	38.8
Verbal assault & name calling	8	21.1
Psychological maltreatment	6	15.8
Provoking fear violence	3	7.9
Blackmail	0	0
TOTAL	31	83.6
Exploitation		
Financial Exploitation	8	21.1
Material Abuse	5	13.2
Theft	5	13.2
Withholding of Income	3	7.9
Misrepresentation	2	5.3
Use of power of attorney	1	2.6
TOTAL	24	63.3
Violation of Rights		
Right to food & clothing	6	15.8
Right to live in a safe place	2	5.3
Right to decide	1	2.6
Right to health and medical services	1	2.6
Right to privacy	0	0
Freedom of Speech	0	0
Access to legal services	0	0
TOTAL	10	26.3
Passive Negligence	10	26.3
Physical Abuse		
Physical cruelty & Maltreatment	2	5.3
Restriction of movements	1	2.6
Sexual Abuse & International harm	0	0
TOTAL	3	7.9

Table 3: Forms of Elderly abuse in the Philippines

Source: Carlos (1999)

Currently, the only law in the Philippines related to abuse is the Magna Carta of Women (Republic Act 9710), section 33 on the protection of women senior citizens from neglect, abandonment, domestic violence, abuse, exploitation, and discrimination. However, this law is not inclusive to male older adults. Thus, it is important for older adults to live independently to prevent abuse.

The third issue is the health status of older adults. Older adults are more at risk for developing disabilities, chronic diseases, and communicable diseases due to aging. Statistics show that 15% of older adults in the Philippines have at least a difficulty with activities of daily living. Older females exhibit greater functional disability than males (Cruz, 2013). Low vision was the common disability among older adults (54%) followed by difficulty of hearing (9.7%), partial blindness (8.43%), partial deafness (6.44%), and total blindness (4.52%). Although a considerable proportion of the older adult life is lived in disability, there is an improving functional health status over time. On the other hand, common causes of morbidity and mortality among older adults are hypertension, degenerative osteoarthritis, diabetes mellitus, pulmonary tuberculosis, osteoporosis, stroke, dyslipidemia, and chronic obstructive pulmonary diseases. It is important to note that a high percentage of the older adult have unmet need for health care due to financial reasons. Most of the older adults depend on the public health services and financial support by their families to support their health needs.

Currently, the government has no specific program to address the health issues of the older adults. Although, article 13, section 11 of the 1986 Philippine Constitution stipulates that “The State shall adopt a comprehensive approach to health development which shall endeavor to make essential goods, health and social services available to all people at affordable cost. There shall be priority for the needs of the unprivileged, sick, elderly, disabled, women, and children.” Health services that are provided for the older adults are in a form of benefits and privileges pursuant to the Senior Citizen Act.

The Republic Act 7432 of 1992, otherwise known as “An act to maximize the contribution of Senior Citizens to nation building, grant benefits and special privileges and for other purposes.” The standard age by which one is awarded the status of senior citizen and receives the benefits and privileges under the law is 60 years. The law was amended by Republic Act 9257, otherwise known as the “Expanded Senior Citizen Act

of 2003." Under this law, the senior citizen may render his or her services to the community such as tutorial and/or consultancy services, teaching and demonstration of hobbies and income generating skills, lectures on specialized fields like agriculture, health, environment protection; transfer of new skills acquired through training; and undertake services like traffic guide, tourist aide, pre-school assistant. Moreover, the law entitles senior citizens of twenty percent (20%) discount from all establishments like hotels, restaurants, recreation centers, medicines, funeral and burial services, theaters, cinema houses and concert halls, circuses, carnivals, leisure and amusement, domestic air and sea travel, transportation fees in public railways, skyways, bus, medical and dental services, diagnostic and laboratory fees, professional fees of physicians in private and medical facilities; exemption from individual taxes that does not exceed the poverty level determined by NEDA; exemption from training fees for socioeconomic programs; free medical and dental services, diagnostic and laboratory fees in government facilities; educational assistance for post-secondary, tertiary, post tertiary, vocational or technical education in public and private schools. To avail the privileges, the senior citizens or older adult must present a senior citizen ID issued by the city or municipal mayor. In the absence of the senior citizen ID, the older adult may present a passport, or other documents establishing the older adult is a citizen of the Philippines at least sixty (60) years of age.

Aside from the benefits and privileges stipulated in the Expanded Senior Citizen Act, Senior Citizens Center were also established in the Philippines pursuant to Republic Act 7876, otherwise known as the Senior Citizens Center Act of the Philippines. The law upholds and recognizes the senior citizen's right to have access to vital facilities in the community by establishing a Senior Citizens Center in all cities and municipalities in order to be able to achieve a more productive, healthful and satisfying life. The Senior Citizen Center shall serve as the focal point in the delivery of an integrated and comprehensive social services to the senior citizens. The Department of Social Welfare and Development (DSWD) in cooperation with the Office for Senior Citizen Affairs (OSCA) in different municipalities, local government units (LGUs), non-government organization (NGO) and people's organizations (PO) for senior citizens is tasked by the government to develop and implement social services for older adults. These social services include 1) self and social enhancement services

that provide senior citizens opportunities for socializing, organizing, creative expression, and improvement of self; 2) after care and follow-up services for senior citizens discharged from home/institutions for the aged for reintegration with their family and community; 3) neighborhood support services that provide care giving services to frail, sick, or bedridden senior citizens; and 4) substitute family care in the form of residential care/group homes for the abandoned, neglected, unattached or homeless senior citizens who are incapable of self-care. Currently, there are 81 Senior Citizen Centers in the Philippines.

In addition, the Philippine Plan of Action for Senior Citizens was developed to harmonize and strengthen the directions towards the achievement of providing quality of life for the older adults based on the development goals and objectives. Its vision is to have "a society for all ages where the senior citizens are empowered to achieve active ageing" (Philippine Department of Social Welfare and Development, 2012). It has three (3) priority directions or major areas: 1) senior citizens and development, 2) advancing health and well-being into old age, and 3) ensuring enabling and supportive environments. Among these three priority directions, one of the strategies identified to achieve advancing health and wellbeing into old age is "ensuring the quality of life at all ages, including independent living, health and well-being." Independent living was not defined in the plan of action; however, indicative actions to achieve the goal was stated by conducting fora, workshop, seminar, and short talk on active aging.

The increase of older adult in the Philippines will pose challenges to the Filipino family, society, and government (Varona, Saito, Takahashi, & Kai, 2007). With the passing of time, the traditional pattern of care provided by the Filipino family to the older adult will weaken and soon the older adult will have to live independently without relying on their adult children for support. Although the government may provide social services in a form of benefits and privileges, it is not enough to sustain the needs of the older adults. Moreover, it will exhaust government resources to address their needs. Therefore, it is important for older adults to be able to live independently as much as they can so they will not be a burden to their family and the government. Information on the components and dimensions of independent living may provide information on how Filipino older adults can live independently.

2.2 Independent Living

2.2.1 Historical Development

The term "independent living" started as a discourse after World War II in the area of human social services that involves social, political, and economic issues. Its beginnings can be traced back from the Western culture that highly valued individualism. It started as an ideology for persons with disability which advocates self-determination, self-respect, and inclusion of people with disability to community life (Yang, 2014). In the late 1960s, it emerged as a social movement known as Independent Living (IL), where students with physical disability living in an isolated institutional facility was relocated to a modified home in order to remove the barriers that prevent them from living independently in their communities. In 1972, the Center for Independent Living (CIL) was established in Berkeley, California to provide peer counseling, independent living skills training, individual and systems advocacy, and information and referral to people with disability in order to facilitate societal integration (White, Simpson, Gonda, Ravesloot, & Coble, 2010). Other Independent Living facilities and communities followed with its own services that provided transitional housing or deinstitutionalization to keep people with disability out of nursing homes by providing personal assistance and resources to live independently in the community. Since then, the Independent Living movement and Centers of Independent Living (CIL) spread to Canada, Sweden, Japan, and other parts of the region. It became popular in 1981 in line with the celebration of the United Nations Year of Disabled Persons as a policy for people with disability. Since then, the term has been used by a variety of disciplines to enhance the quality of life of people with disability (Reed, et al., 2014), as well as other disadvantaged groups of population such as older adults(Ahlqvist, Nyfors, & Suhonen, 2015), adolescents (Zeira & Benbehishty, 2011), and ethnic minorities (Jung-hye, 2014).

2.2.2 Definition and Models of Independent living

The term "independent living" has multiple meaning and it can be interpreted in different ways depending on the values and attitudes of persons or interest groups. According to Yang (2014) and Woodill (2006), there are three models of independent living that guide in understanding independent living from various perspectives,

namely: professional, market economy, and community model. The professional model views independent living as being self-sufficient or living without assistance from a professional (Yang, 2014). In gerontology, independent living refers to living in one's own home or outside an institution (Verver, Merten, Robben, & Wagner, 2017). It may also refer as a form of service or housing along with other types of continuous care provided for older adults in Western countries (Reed, et al., 2014). In home economics, independent living refers to the study of life skills needed for living on your own. Additionally, it may also refer to programs and services to support adolescents in preparation for self-sufficient living (Zeira & Benbehishty, 2011). In rehabilitation, independent living refers to medical and social services that allow people with disability to live in the community (Woodill, 2006). In Psychology and Law, the American Psychological Association and American Bar Association defined independent living as "integration of understanding what is required to live independently (understanding), the functional ability to apply one's knowledge (application), and the ability to problem solve and appreciate consequences of potential choices (judgment)" (Feng, Murphy, & Mlinac, 2017, page 2). Simply, "independent living" in the context of the psychologist and lawyers refers to cognitive understanding of the individual about the basic necessities to live like caring for one's self and home, physical capacity to perform basic activities of daily living, and having emotional and mental stability to make sound decisions (American Bar Association, American Psychological Association, 2008). In this model, the individual is seen as an individual unit that must possess the skills and knowledge to be able to live independently in the community. Hence, the professional model suggests that physical and psychological attributes of the individual determines independent living.

The market economy model views people as consumers that determine the services they need to live independently (Yang, 2014). This model is adopted by the Independent Living movement which asserts that people with disability have the right to live freely, choose, and reject services that do not meet their needs (White, Simpson, Gonda, Ravesloot, & Coble, 2010; Morris, 2004). For people with disability, independent living refers to the ability to direct, manage, or control living task through one's own actions or others (Reed et al, 2014; Woodill, 2006). Contrary to the professional model, the individual is seen as the unit of service that controls the goods

and services. Moreover, independent living is not determined by a person's ability to perform activities of daily living such in the case of individuals without physical limitations. Instead, independent living emphasizes control and choice of an individual. Hence, the market economy model suggests that the psychological attributes of an individual determines independent living.

The community model view mutual partnership and social relationship with other individuals as important elements of independent living (White, Simpson, Gonda, Ravesloot, & Coble, 2010). In this model, other individuals with the same interest, as well as the family, friends, and social network provide support towards the integration of the individual in the community. In comparison to the professional and market economy model that ascribes to individualism and materialism, the community model recognized the value of social support for individuals to live independently in the community. This model is the philosophy of Independent Living centers and communities which was established to create a sense of community and participation in all aspects of community life. Hence, the community model suggests the importance of the physical, psychological, and social environment of an individual to achieve independent living.

2.2.3 Differences between Autonomy and Independence

The term "independent living" originated from the word "independence". Most often, independence is synonymously used with autonomy. However, independence is an aspect of autonomy. Autonomy came from the Greek word "auto" meaning self and "nomos" meaning rule (Lindberg, Fagerstrom, Sivberg, & Willman, 2014). Hence, the term means "self-rule" or freedom to live one's own laws (Welford, Murphy, Wallace, & Casey, 2010). In philosophy, it refers to the capacity of an individual to live one's life based on his personal motives without due force from others (Formosa, 2013). In law, autonomy relates to free will, so a person with free will is known to be autonomous (Coggon & Miola, 2011). In ethics, autonomy refers to the right to make independent choices and decisions (Mauk, 2014). Breitholtz, Snellman, & Fagerberg (2013) stated that there are four aspects of autonomy, namely: self-determination, freedom, desire fulfillment, and independence (Breitholtz, Snellman, & Fagerberg, 2013). The central aspect of autonomy is self-determination which refers to how individuals make

decisions based on one's own will. Independence refers to how individuals perform or carrying out the decisions. Freedom refers to the ability to act or choose from the different alternatives. Desire fulfillment refers to the actual outcomes of one's decisions. Breitholtz, Snellman, & Fagerberg (2013) stated that if independence is on the hands of others, self-determination, freedom, desire fulfillment, and independence is reduced. On the contrary, if independence lies in one's hands, individuals have the opportunity to participate and to have freedom, desire fulfillment, and independence. Moreover, (Rabie, 2013) argued that freedom does not always lead to independence. If an individual is forced to make a decision from the given choices because of lack of alternatives, independence is compromised. Furthermore, Pritchard-Jones (2017) added that autonomy is classified into individual and relational autonomy. Individual autonomy focuses on the functional capacity of the individual for decision-making, while relational autonomy emphasizes the importance of social, political, and economic conditions that enhance the ability of an individual to pursue maximal autonomy (Sherwin & Winsby, 2010). Empirical evidence suggests that autonomy commonly denotes independence (Ayalon, 2016)(Pritchard-Jones, 2017), and an important concept for older adults to achieve independent living (World Health Organization, 2015).

There is no universal definition of independence. However, literature suggest that there are two approaches in defining independence: the functional and the capacity approach. The functional approach defines independence as the ability of an individual for self-care, while dependence is the reliance of an individual on others for self-care (Bonder & Dal Bello-Haas, 2018). If an individual is unable to carry out activities of self-care, self-maintenance, and activities of daily living, he is known to have functional disability (Guse, 2018). The functional approach is based on the medical model which centers on the physical function of an individual. However, the functional approach fails to recognize the holistic nature of independence. It is important to note that the functional ability of an individual for self-care is brought about by the interaction of the individual's biophysical, psychological, and socio-cultural factors (Cech & Martin, 2012). On the other hand, the capacity approach is based on the subjective nature of independence. Independence is seen as a range of dimensions composed of physical functioning, emotional functioning, and economic conditions of an individual (Harris,

2013). Physical function is considered only as one of the dimensions of independence because some individuals are highly dependent but has the capacity for autonomous decision making (Hegde & Ellajoysula, 2016).

2.2.4 Meaning of Independence for older adults

The concept of independence has been a topic of interest in various disciplines. In health sciences, the study of ageism or discrimination of individuals on the basis of age has been done to enhance the understanding of independence based on the context of the older adults, adult children, and policy makers. In the perspectives of older adults in Western countries, independence means agreeing to accept help from others with ADL's (Barken, 2017; Hillcoat-Nalletamby, 2014; Allen & Wiles, 2013; Portacolone, 2011) and doing things that they are capable of doing by themselves to preserve their sense of self-identity (Barken, 2017; Pirhonen, Ojala, Lumme-Sandt, & Pietila, 2016; Bell & Menec, 2015; Hillcoat-Nalletamby, 2014; Rabie, 2013, Shippee, 2012; Morgan, et al., 2012; Portacolone, 2011;Hammarstrom & Torres, 2010); having family and friends that they can ask to help them fulfill their daily needs like shopping, household chores, personal care, or recreational activities (Tuohy & Stephens, 2016; Bell & Menec, 2015; Hillcoat-Nalletamby, 2014; Allen & Wiles, 2013; Portacolone, 2011); having money to pay for help in domestic activities or other services (Barken, 2017; Pirhonen, Ojala, Lumme-Sandt, & Pietila, 2016; Bell & Menec, 2015; Hillcoat-Nalletamby, 2014; Rabie, 2013; Allen & Wiles, 2013; Portacolone, 2011); preserving physical and mental capacities by developing ways to prevent disability, illness, or accident (Barken, 2017; Tuohy & Stephens, 2016; Hillcoat-Nalletamby, 2014; Shippee, 2012; Portacolone, 2011); being in control and making one's own decision (Barken, 2017; Pirhonen, Ojala, Lumme-Sandt, & Pietila, 2016; Bell & Menec, 2015; Rabie, 2013; Wiles, Leibing, Guberman, Reeve, & Allen, 2012; Portacolone, 2011); living in one's own home (Bell & Menec, 2015; Rabie, 2013; Wiles, Leibing, Guberman, Reeve, & Allen, 2012; Portacolone, 2011). On the contrary, dependence means unable to do things they used to and depending on others to do it for them (Holm et al., 2013), lacking meaningful activities that create boredom (Hillcoat-Nalletamby, 2014). Moreover, in a qualitative study done by Hillcoat-Nalletamby (2014), a comparison was made as regards the meaning of independence among older adults living in 3 residential setting-

the private home, extra-care, and residential care housing in United Kingdom, older adults living in their private homes added that living in their own house, having ability to adapt and use devices and equipment, and being able to help others. While those in extra-care added that feeling assured that help is available when needed means independence. For those is residential settings, independence means preserving privacy and personal space, and being able to help others in residential institution which in turn creates a sense of purpose and increases their self-esteem.

In the perspectives of older adults in Japan, Korea, China, Taiwan, Thailand, and Malaysia, independence means having good physical health and function (Cheng, Chi, Fung, Li, & Woo, 2015; Tohit, Browning, & Radermacher, 2012); having social support from friends and family (Evans, Allotey, Imelda, Reidpath, & Pool, 2017; Cheng, Chi, Fung, Li, & Woo, 2015; Shin, 2014; Matsui & Capezuti, 2014; Tohit, Browning, & Radermacher, 2012; Knodel, 2012; Sok, 2010); engagement with life(Cheng, Chi, Fung, Li, & Woo, 2015); shared decision making(Wada, 2016), enjoyment of life (Cheng, Chi, Fung, Li, & Woo, 2015); peace of mind (Tohit, Browning, & Radermacher, 2012); completion of obligation to family (Cheng, Chi, Fung, Li, & Woo, 2015); living in an environment with accessible transportation and business establishments (Evans, Allotey, Imelda, Reidpath, & Pool, 2017; Shin, 2014; Tohit, Browning, & Radermacher, 2012); availability of help when needed (Shin, 2014); having sufficient finances (Evans, Allotey, Imelda, Reidpath, & Pool, 2017; Cheng, Chi, Fung, Li, & Woo, 2015; Tohit, Browning, & Radermacher, 2012; Knodel, 2012; Sok, 2010); spiritual well-being (Cheng, Chi, Fung, Li, & Woo, 2015; Tohit, Browning, & Radermacher, 2012), having time for relaxation, being employed, having sufficient money for personal expenses, and being capable of participating in spiritual activities (Harnirattisai & Vuthiarpa, 2020). On the contrary, dependence for older adults means limited sense of control (Villegas, 2014).

Evidence in research suggests that independence for older adults is multidimensional which reflects their cultural identity, resources that they need, and their attitudes toward aging. For older adults, independence means being able to meet their physical, social, psychological, and financial needs. Moreover, findings revealed that the environment and culture of older adults influence their definition of independence. Older adults living in different settings, culture, social policies, and

health care services have different definitions of independence. The definition usually reflects the resources and activities that they need in order to maintain their wellbeing or quality of life. Notably, older adults living in their own dwelling included the need to adapt on the use of technological devices and equipment that enable them to live independently in the community. Additionally, older adults in Japan, Korea, China, Taiwan, Thailand, and Malaysia included the needs to do activities that enhance their spiritual wellbeing. It is also important to note that financial security is an important component for older adults to meet their physical needs. The physical environment, social policies, and health care services also influence the definition of independence of older adults. Moreover, there is no clear distinction between the concept of independence, self-determination, and the difference between individual and relational autonomy. Although, the concept of independence is more related to individual autonomy among older adults in Western countries as compared to Asian older adults that relate independence to relational autonomy. Furthermore, findings revealed that it is important for older adults to be engaged in activities that enhance their well-being or quality of life to maintain their independence. In addition, the literature about the perspective of independence on older adults are rich in Western countries as compared to Asian countries. To date, there is no existing research on this area in the Philippines. Therefore, the findings reflect the importance of identifying the different components and dimensions of independent living.

2.2.5 Meaning of Independence for adult children of older adults

Adult children's perspectives of older adult's independence are similar with the older adults. In a qualitative study done by Ayalon (2016) that evaluated the concept of autonomy of 34 adult children of older adults following a transition to a continuing care retirement community in Israel, findings revealed various meanings of autonomy: 1) the ability to exercise decisions and make independent choices; 2) the focus attention or concerns on self and others; 3) the degree of physical functioning and ability of the older adult; and 4) the financial ability of the older adult. Adult children viewed that making independent decisions is the most important component of autonomy for older adults. Moreover, adult children viewed that older adult could focus their attention on things that matters to them because they do not have to care for anyone and enjoy their

old age life. The loss of physical functioning does not reflect the loss of autonomy, but an opportunity for older adults to regain their independence because the expectations to perform complex task of daily life is less compared to the young. Furthermore, adult children viewed that downward financial transactions of the older adult by means of transfers of inheritance to family members ensure autonomy and control between the old and the young generation. Hence, the findings revealed that independence as perceived by the family of older adults is composed of different components. However, it is important to note that autonomy is hierarchal. The important component of independence as viewed by the adult children are psychological, which is followed by social, physical, and financial component. Hence, it is important that independence should be defined according to its context because the concept is dynamic.

2.2.6 Cultural context of Independent Living

The concept of independence is highly valued in Western culture. People are expected to make their own decisions without involving others (Breitholtz, Snellman, & Fagerberg, 2013). There are several reasons why independence is highly recognized in Western countries. First, individualism is valued in the Western culture (Weng & Robinsons, 2014). Each individual has the right to make decisions and act based on his own judgment (Coggon & Miola, 2011). At a young age, children in Western culture are encouraged to be self-sufficient and independent from their parents. Older adults strive to live independently and remain active which lessens their dependence in others. It is expected that during retirement, they will spend their life in retirement homes where independence is being promoted. Second, filial responsibility is not highly emphasized in the Western culture (Wakui & Cheng, 2017). Although family relationship is important, children are not expected to take care of the their aged parents (Weng & Robinsons, 2014). Assistance from children is provided depending on prevailing conditions or after the parents ceased to maintain their independence (Chappell & Funk, 2011). Third, the environment and social policy in western countries are age friendly. An age-friendly environment enables older people to stay independent and participate in community life by providing a barrier-free and affordable housing, accessible public spaces, and transportation (WHO, 2007; Chao, 2017). For example, public transport vehicles in the US and Europe are modified to provide easier access

for older people. In addition, the social insurance coverage are extended to retirees, and benefit packages enable older adult to live independently without relying on their families for financial support (WHO, 2017). Moreover, independent living is promoted in health care since the long-term care insurance was implemented in 2000 in the US that covers home services. Health care professionals evaluate older adult capabilities and living situation in order to provide the care needed to support independent living. Consequently, most of the older adult prefers to age in place and live independently as much as possible (Stula, 2012). There are housing communities for older adults that they can live but do not receive specific caregiving. However, they provide services such as recreational activities, transportation, and homes that are designed for older adults. Furthermore, the independent living community is provided close to older adults' previous residence where they have friends or others with similar cultural background (Weng & Robinsons, 2014).

In many Asian countries, independence and dependence are interrelated and considered as a social norm (Weng & Robinson, 2014). In the Eastern culture, the family is considered as the center of the universe and the individual views himself as part of the whole family. This concept is influenced by the Confucian ideals of familial collectivism and traditional beliefs of filial piety that promotes close family ties and relational independence among Asian older adults(Devasahayam, 2014). In most Asian families, older adults are dependent on the support and care of their adult children. According to Leever (2011), each culture has different ways, patterns, expressions, and definitions of independence or autonomy. In a study done by Matsui & Capezuti (2014), there are more older adults (70%) who are living alone in America compared to Japan. Moreover, American older adults living in Manhattan reported higher levels of perceived autonomy as compared to Japanese older adults living in Fukuoka and Hiroshima. Matsui & Capezuti (2014) also explained that culture influenced the interpretation and responses of older adults. It is found that the American culture promotes a sense of power when older adults make their own decisions (Leever, 2011). Therefore, independence in Western culture emphasizes individualism, whereas Asians or Eastern culture emphasizes relational independence (Karasawa et al., 2011; Matsui & Capezuti, 2014).

2.2.7 Benefits of independent living

The concept of independent living is the main focus of policies that promote active, healthy, and successful aging because of its positive benefits to the well-being of older adults (Allen & Wiles, 2014; Hillcoat-Nallétamby, 2014; Rabiee, 2013). Despite a growing number of institutional facilities in the United States, most of the older adults prefer to stay in their homes because of fear of losing independence. The structured activities and professional relationships that exist between their caregivers reduce their sense of self-determination and functional independence (Hillcoat-Nallétamby, 2014; Perkins, Ball, Whittington, & Hollingsworth, 2012).

Research shows that independence has positive impact on the health status of the older adult. The older adult views independence as evidence of good health; thus, good health and self-care are perceived to be related to successful aging (Butler et al., 2011). On the contrary, being dependent on others for self-care creates a feeling of helplessness and powerlessness that loss their identity and sense of self-worth (Candley, 2012; Holm et al., 2013). Moreover, dependence creates depression, doubt, physical deterioration, and the loss of will to live (Pritchard-Jones, 2017; Han, Lee, Gu, Oh, Kim, 2015). The qualitative study done by Villegas (2014) which examines the challenges faced by Filipino older adults revealed that dependence for physical care and financial support to their children creates a feeling of shame and low self-esteem. It is therefore important that older adults gain independence because it boosts their self-worth, dignity, self-esteem, life-fulfillment, and sense of achievement (Pritchard-Jones, 2017; Tavares et al., 2016; Black & Dobbs, 2013). Moreover, older adults feel that independence is important to their quality of life because it increases their level of satisfaction (Welford, Murphy, Wallace, & Casey, 2010). Helping older adults to become independent can benefit families, communities, and the society as a whole because it reduces, delays, or avoids their use of health and social care services (National Institute for Health and Care Excellence, 2015).

In conclusion, the term independent living originated in the area of human social services due to the different social, political, and economic issues in Western countries. The various models of independent living suggest that it is a multidimensional concept that is determine by the philosophy that surrounds it. It has various definition and maybe interpreted in different ways according to the values and attitudes of persons or

interest groups. In gerontology, independent living refers to living in one's own home or outside an institution. However, literature suggest that there is no clear concept on the meaning of independent living. Health care providers define independence based on the functional abilities of older adults which fails to recognize the interaction of the individual's biophysical, psychological, and socio-cultural factors. On the other hand, the meanings of independence for older adults and their adult children are hierarchal, overlapping with autonomy, and composed of different components. The meaning of independence in the context of the older adults and their children reflects different components. The components of independence in the context of older adults reflects their cultural identity, resources that they need, and attitudes toward aging. In Western countries, independence reflects the physical, social, psychological, financial, and technological components, while Asian older adults included the spiritual component of independence. Additionally, the environment, health care setting, and social systems of the older adults influence how they perceive independent living. Literature suggests that there is a gap between the meaning of independence including the components and dimensions independent living due to the influence of culture. Independence in the Western culture is associated with individualism, while it is related to dependence in Asian culture. Moreover, the environment and social policy in western countries are age-friendly that enable older people to stay independent, which is not present in many developing Asian countries like the Philippines. Despite the existence and usage of the term, the lack of unifying literature that defines independence across disciplines, groups, and culture creates confusion among practitioners. Empirical research suggests that independence is an important concept for older adults because of its positive impact on the well-being of older adults. Therefore, it is important that the components and dimensions of independent living in the context of the older adults be explored to clearly understand the concept. Understanding the components and dimensions according to the culture will help in planning appropriate interventions to achieve independent living of older adults.

2.2.8 Dimensions and Components of independent living

2.2.8.1 Physical Dimension

The physical dimension refers to the functional capacity to perform activities that are necessary ensure biologic functions. It is scientifically proven that living independently requires a state of health and functional capacity. Functional capacity was defined in terms of the ability to perform ADL. Important attributes necessary for older adults to live independently is avoidance of alcohol, smoking, gambling; eating adequate healthy, nutritious food; living in a safe, secure, clean and well-ventilated housing; adequate rest and sleep; and regular physical check-up (Ahlqvist, Nyfors, & Suhonen, 2015; De Guzman, Jurado, & Juson, 2015).

2.2.8.2 Social Dimension

The social dimension refers to the capacity to establish meaningful relationships to their family, friends, and social networks. Social relationships plays an important role in the maintenance of health and psychological well-being of older adults (Boen, Dalgard, & Bjertness, 2012). Moreover, social support is a predictor of living a healthy and long life among older adults (Thoits, 2011). Important social factors necessary to live independently involves having supportive family and friends, participating social activities in the community, sharing and learning from others, and enjoying recreational activities (Dai, Zhang, Zhang, Li, & Jiang, 2016).

2.2.8.3 Psychological Dimension

The psychological dimension refers to the capacity to make independent decisions on matters concerning them without force or influence from others. Important attributes necessary to live independently are having positive self-attitude, loving people, stress management, having good mood, and having the ability to make own decision (Steptoe, Deaton, & Stone, 2015; Heo, Chun, Lee, & Kim, 2016; Ferguson & Goodwin, 2010).

2.2.8.4 Financial Dimension

Effective financial management is important for older adults because of the limited source of income due to retirement and to preserve retirement income to maintain independent living, and to manage health expenses related to debilitating conditions. In the US, financial capacity is one of the predictors of independent living among older adults (Caboral-Stevens & Medetsky, 2014; Knight & Marson, 2012). Part of the aging process is loss of financial skills and capacity (Caboral-Stevens & Medetsky, 2014; Knight & Marson, 2012; Marson & Sabatino, 2012). Impaired financial capacity of older adults is challenge to the society (Marson & Sabatino, 2012). The financial dimension refers to the capacity to manage money and financial assets to meet individual needs (Caboral-Stevens & Medetsky, 2014). Financial capacity maybe influenced by the family members, social networks, and cultural values and preferences (Caboral-Stevens & Medetsky, 2014). It is true that financial capacity is cognitively mediated however in independent living, the performance-based model is used rather than the clinical model of financial capacity. The performance-based model asserts that financial capacity involves a series of activities rather than as a single construct (Caboral-Stevens & Medetsky, 2014). Older adults who are not able to manage their finances are vulnerable to financial exploitation(Stiegel, 2012) by their caregivers, family members, or legal representatives, and predict caregiver burden (Caboral-Stevens & Medetsky, 2014), and loss of funds needed for future use. Financial capacity have financial, emotional, and legal impact to the life of older adults. Literature suggests to develop a measure to assess skill of older adults in use of ATM, internet banking, electronic fund transfers (Caboral-Stevens & Medetsky, 2014).

2.2.8.5 Technological Dimension

Technology has significant impact on the capacity of older adult capacity for independent living (Caboral-Stevens & Medetsky, 2014). The technological dimension refers to the ability of older adult to utilized information and communication technology, as well as mechanical devices to communicate, acquire information, and maintain physical and mental functioning. Learning and practice basic technology is an important attribute to live independently.

2.2.8.6 Spiritual

Spirituality is often used synonymously with religion or religiosity. Spirituality refers to one's internal beliefs and personal experiences with God, whereas religion is a method of expressing one's personal beliefs. Many Filipino older adults use religion as a mean to express their spirituality. Religion is an important component for many Filipino's cultural identity. In the study conducted by Esteban (2015), results revealed that religion, specifically Christianity serve a buffer for the difficulties experience that accompany aging. Religion and spirituality in older Filipinos enhance their outlook on life and assist them in overcoming hardship and live independently. Attributes related to spiritual components that are necessary to independent living are helping other person as needed, hearing holy mass every week in Catholic church, and participating in humanitarian activities (Tariga & Cutamora, 2016) .

CHAPTER 3
RESEARCH METHOD

3.1 Research Design

This study used a qualitative design to discover the components and dimensions of independent living among community dwelling Filipino older adults. Qualitative studies is used to explain the meaning of human experience or explain the meaning of a specific phenomenon (Creswell & Plano Clark, 2011). In this study, the researcher described, interpreted, and critically analyzed the components and dimensions of independent living from the perceptions of community dwelling Filipino older adults.

This qualitative descriptive study with in-depth interview explored the components and dimensions of independent living among community dwelling Filipino older adults. Qualitative studies were used to discover the who, what, and where of events or experiences as well as gaining insight from informants on poorly understood phenomenon (Kim, Sefcik, Bradway, 2017). Qualitative descriptive study aimed to understand the phenomenon in its natural state (Sandelowski, 2000). The description of the phenomenon was drawn from naturalistic inquiry and less theoretical (Neergaaard et al, 2009). Using this design in the study provided an understanding of the components and dimensions of independent living among community dwelling Filipino older adults.

In this study, the researcher gave value to the multiple perspectives and complete understanding of the research question. Previous findings suggested that independent living for older adults was multidimensional, value-based, culture-specific, and relative to their environment. Existing literature emphasized that environment, and culture are important to describe components and dimensions of independent living among community dwelling Filipino older adults. Hence, the interpretive paradigm is appropriate to understand the components and dimensions of independent living for Filipino older adults.

3.2 Setting

The research was conducted in two urban cities in the National Capital Region (NCR) and two rural provinces in Region 3 because they are prototypical of urban and rural communities in the Philippines. The researcher selected the NCR and Region 3 because the population of 60 years and older was 7% which considered to be an aging society based on the United Nations definition. The total number of older adult population aged 60 years and older in NCR are 678,767, while there are 707,941 older adults in Region 3 which accounts to 7% and 7.3% respectively.

In NCR the researcher selected Quezon City and the City of Manila because these two cities have the highest number of older adult population among the 17 urban cities located within the region. In the City of Manila, there are 102,244 older adults and 151,966 in Quezon City. Moreover, NCR is the capital of the Philippines and the most populous urban area in the country. It is the center of the culture, economy, education, and government in the country.

In region three, the researcher selected the province of Bulacan and Pampanga have the highest number of older adult population compared to the six other provinces in the region. These two rural provinces represent the typical rural community in the country; whereas farming is the primary source of income of the people. Moreover, the transportation, basic facilities, and the services is not well developed compared in the urban area due to its geographical location. Furthermore, the proportion of older adults in Bulacan is 191,752, while Pampanga has 160,648.

3.3 Population

3.3.1 Participants

The participants in the study composed of healthy Filipino older adults, male or female, living in the City of Manila, Quezon City, Bulacan, and Pampanga in the Philippines. They were purposively selected based on the following criteria.

1. Inclusion Criteria

1. ≥ 60 years or older
2. Conversant in English or Tagalog
3. Residing alone, with husband or wife, children, grandchildren, relatives, common law spouse, in-laws, friends, or household helper in their homes (any residential

dwelling not including hospitals, long-term care facilities, or other institutions e.g. prisons, homeless)

4. Physically healthy as defined in Barthel Index score ≤ 90
5. Able to read and write Tagalog or English

2. Exclusion Criteria

While participating on the process, the respondents:

1. Suffered from an illness condition requiring hospitalization
2. With psychiatric problems, and drug or alcohol dependencies

3.3.2 Recruitment and Selection

Prior to the conduct of the study, the researcher secured approval from the Ethics Review Sub-Committee for Research involving Human Research Subjects of Thammasat University No. 3. Then, the researcher secured approval from the head of the municipality in Metro Manila, Quezon City, Bulacan, and Pampanga in the Philippines. After approval, the researcher posted advertisement in the Office for Senior Citizens Affairs of each municipality. Participants that responded to the advertisement posted in the different offices of the Office for Senior Citizens Affairs (OSCA) of each municipality was selected and screened at the OSCA office based on the inclusion criteria set by the researcher. Participants was selected as key informants for the interview using purposive sampling technique to ensure variety background of the samples. The researcher introduced himself to the participants, explained the objectives, including the research process and the roles of the participants. Moreover, the researcher secured informed written consent and scheduled for private interview from the participants homes. The sample included both men and women Filipino older adults living in two urban (Quezon City and City of Manila), and two rural areas (Bulacan and Pampanga) in the Philippines.

3.3.3 Sample size

A total of thirty-two (32) community dwelling Filipino older adults that met the criteria participated in the in-depth interviews. The researcher interviewed thirty-two (32) participants upon reaching data saturation. Data saturation in qualitative research is defined as the point in which the researcher ceases to collect data from the new

participants because the collection of data does not add substantially to the new codes or themes being developed (Creswell, 2015). However, the most common sample size in a number of doctoral studies that used qualitative methods and met data saturation were 20 to 30 participants (Mason, 2010). Moreover, in a systemic review done by Kim, Sefcik, & Bradway (2017) on qualitative studies using semi-structured interview, most common sample size ranges from 11 to 20.

3.4 Instruments/Measures

In the study, the following instruments were used for data collection:

3.4.1 Semi-structured Interview Guide

In the study, the researcher used a semi-structured in-depth interview to explore the components and dimensions of independent living among community dwelling Filipino older adults. Open-ended questions were asked to elicit sufficient information from the conversation with the use of the interview guide (See appendix for reference).

The in-depth interview was done in the private home of the key informants. The questions focused on the components and dimensions of independent living. The interview questions in this study consisted of 13 open-ended main questions as follows: 1) Tell me about your current living situation, 2) Tell me about your typical day, 3) How do you describe your health, 4) How would you describe your lifestyle, 5) Tell me about your social activities, 6) Do you have someone that care or support you? 7) How do you feel about yourself? 8) Tell me something about the things that matters to you, 9) How would you describe stress, 10) Tell me something about your other concerns, 11) Tell me something about the things that are important to you, 12) Tell me something about your religion, 13) What does being independent mean to you? The researcher asked more questions for probing the answers of the key informants. The interview guide was developed by the researcher with the guidance of adviser and co-adviser. It was translated into Tagalog by an expert panel using direct forward translation approach. Moreover, the questions varied according to order and number depending on the responses of the key-informants.

With the consent of the key informants, the conversation was audio-recorded using audio voice recorder. Moreover, hand note taking was done with the use of

notebook and pen to record important verbal and non-verbal responses of the key informants. The in-depth interview lasted for 45 minutes to an hour or more but was interrupted at times for breaks upon the request of the key informants.

3.4.2 Respondent Profile Questionnaire

The respondent profile questionnaire was developed by the researcher. It contains the demographic information of the participants, including the participant's age, sex, educational attainment, religion, civil status, living arrangements, source and amount of income, and health condition. This information was used to describe the characteristics of the participants in the study in the qualitative study (See appendix for reference).

3.4.3 Barthel Index scale

The Barthel Index scale was used to identify healthy older adults who participated in this study. It contains ten items, namely, feeding, bladder, continence, control of bowel, transferring, going to toilet, dressing, grooming, mobility, climbing stairs, and bathing. The participants were scored on a 2, 3, or 4-point rating scale of 0, 5, 10, and 15 depending on the items in the Barthel index. Items on grooming and bathing have 2-point rating scale, while items on bowel, bladder, toilet use, feeding, dressing, and stairs have 3-point rating scale. Items on transfer and mobility have 4-point rating scale. The total score for each item was added and ranged from 0 to 100. Scores ranging between 0 to 20 means total dependency, while 21 to 60 means severe dependency, 61 to 90 means moderate dependency, 91 to 99 means slight dependency, and 100 means fully independent. A cut off score of more than 90 will be used as a parameter for inclusion (see appendix for reference).

3.5 Protection of Human Subjects

Prior to the data collection, the researcher got approval from the Ethics Review Sub-Committee for Research Involving Human Research Subjects of Thammasat University NO 3 in Pathum Thani, Thailand on 28th of June 2018 and was extended until 27 June 2022 with protocol number 080/2561.

To uphold the principle of autonomy and self-determination, the researcher obtained a written consent from the research participants that meet the inclusion criteria of the study. Prior to the data collection, the researcher explained the nature of the study, its objectives, and potential risks and benefits of the study to the participants. The participants were given opportunity to decide whether to participate in the study. Any form of fraud, deceit, bribery, force, restraint or coercion was not used to the participants in the study. Signatures of all the participants were required in the written consent, signifying that they accept all of the terms and conditions in the study. The participants were allowed to decline or terminate their participation anytime during the study.

All actions was taken by the researcher to safeguard the integrity of the participants. The participants were not exposed to physical or psychological discomfort during the study. The researcher utilized a non-invasive data collection through in-depth interviews and self-administered questionnaires. The information that was provided by the participants during the interaction was used against them. A debriefing session took place after the data collection in order to permit the participants to ask questions or to verbalize complaints.

All participants were treated with utmost respect and dignity. In order ensure confidentiality and privacy, access to the identity of the participants were limited to the researcher. The names of the participants was coded with a control number were only known to the researcher. The personal information of the participants were not disclosed to any unauthorized entity and were used solely for this study. Lastly, all participants received 100 pesos or ($3) cash as a token of appreciation for their participation in the study.

3.6 Data collection

3.6.1 Preparations

1. Secure endorsement from the researcher's institution
2. Secure approval from the Ethics Review Sub-Committee for Research Involving Human Research Subjects of Thammasat University NO 3
3. Secure approval from the local government unit and Office of the Senior Citizens to conduct the study

4. Screening of eligible participants in the study based on the inclusion and exclusion criteria through the use of the demographic survey
5. Schedule interview at convenient time and place of the participants

3.6.2 Data collection implementation

1. Prior to the start of the interview, the researcher asked for the participant's consent to audio record the conversation.
2. Interviews were conducted in Tagalog language using a semi-structured interview guide.
2. Researcher asked probing questions to obtain detailed description of the participant's responses and to clarify the ambiguous statements.
3. At the middle of the interview, the researcher asked the participants if they feel tired with the conversation or would like to attend to their personal physical needs.
4. After each interview, the researcher summarized the responses of the participants and asked if the summary are accurate, identify missing categories, and disagreements.
5. The researcher informed the participants that he will return for a second interview and the details of contacting the researcher for any additional concerns.
6. The researcher transcribed and documented the interaction through dialogue or quotes.
7. The researcher returned to the key informants to validate the interpretation of the researcher.

3.7 Trustworthiness of qualitative process

The researcher ensured trustworthiness of the qualitative process by establishing credibility, confirmability, saturation, transferability, and dependability (Morse, 1994). According to Morse (1994), credibility refers to the “truth” or “believability” of the findings. To ensure credibility of the findings, the researcher had preliminary visits with the key informants prior to the interview to establish rapport. Additionally, the researcher used iterative questioning through the use of probes during the interview to obtain detailed description of independent living. Moreover, triangulation was be done using observation with the Filipino older adults. The researcher spent time with the key

informants for a few hours to observe their daily activities in order to check the codes and modify them if needed.

Confirmability refers to the continuous or repeated participation and documentation of evidence observed or obtained from primary sources (Morse, 1994). To ensure confirmability, the researcher returned to the key informants to restate the meaning of independent living and site situations that describe independent living. Moreover, audit trails were done to confirm the data gathered by the researcher during the in-depth interview. Member checking were done in order to recheck the summary statements. Key informants were asked to check whether the summary was accurate, identify missing categories, and disagreements with the meaning of independent living (Creswell & Clark, 2011). Furthermore, bracketing was done to eliminate researcher's biases, assumptions, or previous experiences (Tufford & Newman, 2010). The researcher examined and reflected with data engagement. The researcher reflected on how personal experiences, background, and personal value system may influence the study.

Saturation refers to the "full immersion into phenomena in order to know it as fully comprehensively, and thoroughly as possible" (Morse, 1994). To ensure saturation, the researcher gathered in depth data from the key informants on the meaning of independent living. The researcher took note of data duplication until no further description of independent living by the key informants. The researcher transcribed and documented the interaction through dialogue or quotes and included in the manuscript.

Transferability refers to ability of the findings to be transferred to another similar context or situation and preserved its meanings, interpretations, and inferences (Morse, 1994). To ensure transferability, the researcher provided a thick description or detailed account of the experiences during data collection. The thick description includes the environment, duration, and observations of the in-depth interviews of the researcher with the key informants.

Dependability refers to the ability of the research to establish consistency in findings, interpretations, and conclusions about the data (Shenton, 2004). To establish dependability, data collection and data analysis was reported in the study. Moreover, external audit was be done by an expert in qualitative research to review the processes

and accuracy of data collection, data analysis, and the results of the qualitative findings. The external auditor reviewed the verbatim transcripts and the analysis done by the researcher.

3.8 Data analysis

Content analysis was used to analyze the verbatim reports from in-depth interviews. Content analysis was used for the interpretation of information through systematic classification process of coding or identifying themes or patterns obtained from narrative responses or open-ended interview questions (Hsieh & Shannon, 2005). In the study, the researcher used the conventional content analysis since there is limited theory on independent living for older adults. Voice recorded interviews was transcribed verbatim into text files in Microsoft word and translated into English by the researcher. The researcher checked the accuracy of the transcripts by listening to the recordings while simultaneously reading the transcripts. Modifications were done until an accurate interview transcriptions was achieved. The data analysis was carried out concurrently with the data collection to ensure the depth of the data collection. The researcher used the following steps in conventional content analysis developed by Hsieh and Shannon (2005):

1. Read each transcript from beginning to end to achieve immersion and obtain a sense of whole as one would read a novel.
2. Read the transcripts word by word to derive codes by highlighting the exact words that capture independent living.
3. Write notes, impressions, thoughts, and initial analysis in the margin of the highlighted text.
4. Label the codes that emerge from the text became the initial coding scheme.
5. Sort the codes into categories. Expressions (word or phrase) that describes the meaning of independent living is listed separately from other words or phrases while irrelevant expressions was eliminated.
6. Similar expressions that describe independent living was grouped together and labeled
7. Groups of expressions that bear close relation to one another was clustered together and labeled.

8. Definitions for each themes, category, subcategory, and codes were developed.
9. The identified core of common elements was checked against a sample of original descriptions by respondents.

CHAPTER 4
RESEARCH RESULTS AND DISCUSSION

4.1 Characteristics of the Participants

The participants consisted of community-dwelling older adults living in the two urban cities in the National Capital Region (Manila and Quezon City), and two rural provinces in region 3 (Bulacan and Pampanga) who were willing to share their perceptions about independent living because they are prototypical of urban and rural communities in the Philippines. The basic characteristics of the 32 participants were categorized as follows:

The participants were aged 60 to 94 years; fifteen (46.87%) were 65 to 74 years (young old), thirteen (40.62%) were aged 60 to 64 years, three (9.37%) were 75 to 84 years (middle old), and one (3.12%) were 85 years and above (old-old). In terms of age, twenty (62.5%) were females, while twelve (37.5%) were males. Twenty (62.5%) of the participants were living in rural areas, while twelve (37.5%) were living in urban areas. The proportion of females older is larger compared to the males with the largest gap between 60 to 64 years (30%), and 80 years or more in the Philippines.

The Philippines is predominantly a Catholic country due to the Spanish colonization. Twenty-nine (90.62%) of the participants were Roman Catholic, two (6.25%) were INC, and one (3.12%) is Born Again Christian. In terms of civil status, twenty (62.5%) of the participants are married, eight are widowed (25%), two (6.25%) single and two (6.25%) were divorced or separated.

Most of the older adults that participated the study have children. Thirty (93.75%) have children while two (6.25%) do not have children. Fifteen (46.87%) have an average of 4 to 6 children, eleven (34.37%) have 1 to 3 children, three (9.37%) have 3 children, and one (3.12%) have 10 to 12 children. This number may be attributed to the fact that majority of the families living in rural areas have many children as compared to the families living in urban areas. Additionally, having many children is viewed as healthy family in the Filipino culture.

Common sources of income of older adults comes from their family. Nineteen (59.37%) are financially supported by their children or relatives, thirteen (40.62%) received pension financed by the government, seven (21.87%) through their personal salaries/wages, two (6.25%) are through investments in stocks and dividends, one (3.12%) through the salary of spouse, and one (3.12%) through the pension of their spouses. The common reason why most of the adults received income from their children or relatives is because of intergenerational monetary support. It is acceptable in the culture of the Filipinos that older adults are dependent in their children or relatives for financial support. Although older adults received pension from the government, it is not enough to sustain their overall needs such us food and medicines. Moreover, older adults received an average of 10,000 pesos and above per month (12, 37.5%), ten (31.75%) received 1,000 to 1,399 pesos per month, four (12.5%) received 4,000 to 6,999 pesos per month, three (9.37%) received 7,000 to 9,999 per month, two (6.25%) received 999 pesos and below, and one (3.12%) do not have other sources of income. Most of the older adults have their own house and lot (n=24, 75%), seven (21.87%) have other properties, and two (6.25%) did not have any properties.

Co-residence with children is the common living arrangement of older adults in the Philippines. Seventeen (53.12%) of the older adults were living with their children, thirteen (40.62%) were living with grandchildren, eleven (34.37%) were living with husband or wife, two (6.25%) are living with relatives, two (6.25%) are living with others, and one (3.12%) are living alone. The high percentage of co-residence reflects the strong family ties and collectivism of the Filipinos.

Ageing in the Filipino culture is characterized by being supported by the family. Daughters are expected to be the caregivers of older adults. Ten (31.25%) expected that they will be supported by their adult married daughter, six (18.75%) expected their married son to support them, five (15.62%) expected that they will be supported by others, three (9.37%) expected their single daughter to support them, three (9.37%) expected their grandchildren, three (9.37%) did not expected they will be supported by their children, and two (6.25%) expected their single son to support them. It is common for community dwelling Filipino older adults to expect from their adult children because of the filial responsibility expected among Filipinos. Children are expected to

be indebted among their parents for taking care of them when they were young, in return, they are expected to support their parents when they become old.

Older adults are at risk for common health conditions due to degenerative changes. Seventeen (53.12%) have Hypertension, seven (21.87%) have other degenerative diseases, six (18.75%) have Diabetes, three (9.37%) have rheumatism, two (6.25%) have heart disease, two (6.25%) have asthma, two (6.25%) have Tuberculosis, and one (3.12%) do not have any health condition. These conditions are common among Filipino older adults due to degenerative and lifestyle related diseases. Hypertension, Diabetes, and heart diseases are common causes of mortality among Filipinos, while infectious diseases like Tuberculosis is one of the common causes of morbidity affecting Filipinos. Since most of the participants have existing health conditions, it is expected that most of them are taking medicines. Twenty-four (75%) are taking medicines to maintain and preserve their health, while eight (25%) are not taking any maintenance medicines. The presence of existing health conditions predisposes older adults to develop complications, thus it is essential that they take their medicines to prevent onset of complications.

Table 4.1 - Basic characteristics of the participants (n=32)

Characteristics	**Group**	**N**	**%**
Age	60-64	13	40.62
	65-74	15	46.87
	75-84	3	9.37
	85 and above	1	3.12
Gender	Female	20	62.5
	Male	12	37.5
Residence	Rural	20	62.5
	Urban	12	37.5
Religion	Roman Catholic	29	90.62
	Iglesia ni Cristo	2	6.25
	Born Again	1	3.12

Characteristics	Group	N	%
Civil Status	Married	20	62.5
	Widower	8	25
	Single	2	6.25
	Divorced/Separated	2	6.25
Older Adults with Children	Yes	30	93.75
	No	2	6.25
Number of Children	1-3	11	34.37
	4-6	15	46.87
	7-9	3	9.37
	10-12	1	3.12
Source of Income	Given by children/relatives	19	59.37
	Own pension	13	40.62
	Own salaries/wages	7	2.87
	Stocks and Dividends	2	6.25
	Spouse's Salary	1	3.12
	Spouse's Pension	1	3.12
Assets and Properties	House and Lot	24	75
	None	7	21.87
	Others	2	6.25
Monthly Income in Peso	none	1	3.12
	999 and below	2	6.25
	1,000 - 3,999	10	31.25
	4,000 - 6,999	4	12.5
	7,000 - 9,999	3	9.37
	10,000 and above	12	37.5
Living Arrangements	Living Alone	1	3.12
	Living with Relatives	2	6.25
	Living with Grandchildren	13	40.62
	Living with Husband/wife	11	34.37
	Living with Children	17	53.12

Characteristics	Group	N	%
	Living with Others	2	6.25
Expected Person of the older adult to support him/her	Single son	2	6.25
	Single daughter	3	9.37
	Married Son	6	18.75
	Married Daughter	10	31.25
	Grand children	3	9.37
	Others	5	15.62
	None	3	9.37
Health Profile	Hypertension	17	53.12
	Others	7	21.87
	Diabetes	6	18.75
	Rheumatism	3	9.37
	Tuberculosis	2	6.25
	Heart Disease	2	6.25
	Asthma	2	6.25
	None	1	3.12
Taking maintenance medicines	Yes	24	75
	No	8	25

4.2 Content Analysis

Content analysis guided the researcher in the discovery of the components and dimensions of independent living in the study. After each interview, the researcher transcribed, listened, and read the transcripts simultaneously from beginning to end to achieve immersion and obtain a sense of whole, and to assess for the exactness of the transcripts. The researcher read the transcripts word by word to derive codes by highlighting the exact words that capture the components and dimensions of independent living. The researcher wrote notes, impressions, thoughts, and initial analysis in the margin of the highlighted text. The researcher then labeled the codes that emerge from the text that became the initial coding scheme. Sort the codes into

categories. Expressions (word or phrase) that describes the components and dimensions of independent living is listed separately from other words or phrases while irrelevant expressions were eliminated. Similar expressions that describe independent living was grouped together and labeled. Groups of expressions that bear close relation to one another was clustered together and labeled. The definitions for each themes, category, subcategory, and codes are developed. The researcher went back to the participants to check whether the summary were accurate, identify missing categories, and disagreements with the components and dimensions of independent living.

Table 4.2 The results of the themes, subthemes, and corresponding participant statements on the components of independent living

Themes	**Subthemes**	**Participant Statements**
Maintaining good health	Having healthy body	"I think I am still capable of being independent as long as I am not sick, like for example if I have stroke." (P1) "Independent living seniors means I am healthy. But if I am sick, it's useless" (P20) "I need to exercise my body. It is wrong if I will just stay at home because I am old. I should move my body so the blood vessels and bones will become lighter." (P31)
Ability to engage in self-care	1. Having the ability to care for oneself	"I should be able to produce my own food without depending on others like laundering and cooking my food." (P12)

Themes	Subthemes	Participant Statements
		“I can take care of myself especially personal necessities” (P1) “ I am physically capable, and I do not depend on other people to do things for myself” (P6)
	2. Being able to perform activities of daily living	"I think I can still perform daily activities for my age. I can clean the house, launder clothes, cooking, travelling. I do all the households like ironing, and laundering. I still can without limitation.” (P3)
Unburdening others	1. Not a burden to others	"I do not want to experience being taken care of by my children. I will be a burden to my children. That is bad. My children are also taking care of their family." (P12) “I do not want to depend on my children for survival because I do not want to be a burden to my children.” (P11) "I should not be a burden to my children. I should not be treated like a baby because my children have a comfortable life. If I act like a baby, I will feel weak. That is why I am independent." (P15)

Themes	Subthemes	Participant Statements
		"Even with the financial problems, I try to overcome it because I do not want to be a burden to my children." (P16)
	2. Being able to support own financial needs	"I am independent because I am not asking for financial support from my children" (P13) "I do not receive any financial support from my children so I must work hard so I will not ask for other's support. I can provide for myself." (P8)
Gaining control	1. Being able to do things without help from others	"I think I am independent because I can do what I want. I do not want to depend on others. As long as I can, I will do it so I will not depend on them. I think independent seniors can do what they want physically. It means that my children will not interfere with me." (P20) "I am independent because I am able to do things on my own without the help from others." (P28)
	2. Achieving self-satisfaction	"I think independent living means I am able to accomplish what my heart desires. For example, I can do whatever I want. If I want to work, I can work as long as I am capable." (P29)

Themes	Subthemes	Participant Statements
		“It feels good if the food that I eat is the product of my own effort as compared to what is given by others. It hurts to hear that I am dependent on the person. But if it is on my own, I can talk to that person with heads up high because I am not dependent and I do not take advantage of the person. If I cannot do it physically, that is the time that I ask for help." (P30)
Engaging with the community	1. Participating in activities in the community	"I think I am socially independent. It means that I can attend for community deliberations or activities. I can still do it. I should interact with others in the community and do activities that will entertain me to manage stress." (P1) "I am active in attending birthday events. I attend occasions so I will be entertained. It makes me happy. I dance if there is music playing. I enjoy my life now compared when I was younger. Now that I am older, I am very active with social gatherings. I do not agree with seniors who do not like to attend social gatherings because they are old. I need to be happy because I will not be physically strong forever. I need to socialize while I am still strong. I still attend parties." (P32)

Themes	Subthemes	Participant Statements
	2. Being able to contribute to the community	"It is important that I have social activities because it makes me happy, and I feel valued in the society. I can still help with the community." (P1)
Connecting with family and significant others	1. Having the ability to connect with family and significant others	"I still have communication with my friends through Facebook. I still meet them whenever I visit the place. There is no definite time, if I am there, I visit them. I should be able socialize with other people. That is important for me to meet my friends, and it makes me happy." (P3) "My son is in Saudi. I always communicate with him. It is the same thing with my other child working as a seaman. If they are in the port and there is signal, we talked. Whenever I go out, usually it is with my wife or with my wife's siblings or my siblings. My grandchildren also go with us. If all my children are here, we bond together. I feel good and relieve from stress when I talk to my family" (R30)
Having good relationship with other	1. Having peaceful relationship with family and friends	"I do not get involved in conflicts or fights. I usually greet people that I am close to" (P7)

Themes	Subthemes	Participant Statements
		"It makes me happy when I do not have any conflicts with my wife and grandchildren. It is a big thing." (P8) "I have a good relationship with my family. I feel happy if we do not fight each other in the family. They also listen to what I want. We do not fight each other, and we have a harmonious relationship." (P10)
Making own's decision	1. Having the ability to decide on your own	"Seniors like me have a right to decide. I think I do not have a right anymore if I let my children decide for me. I will lose my dignity." (P13) "I want to decide for myself like when will I take a bath, when will I change my clothes. For a long time, I keep my privacy and my body, dignity, and sanctity. I wish that I will not loss that ability to make decisions. I don't want to experience that there will come a time that someone will decide for me when to eat and feed me." (P1)
Having a source of income	1. Managing a business	"I should have a source of income so I will not depend on my children. I can afford to buy the things that I want without depending on my children. I can sell foods. I am still strong, so some

Themes	Subthemes	Participant Statements
		people ask me to cook for them during events. Seniors like me can cook or sell food products." (P17)
	2. Receiving regular pension	"I received my pension every month. because I cannot work anymore." (P8) "seniors like me should have a pension. I will depend on my children if we do not have pension." (P17)
	3. Being employed	"The pension that I received is not enough to buy for the things that I need. Like me, I like planting so I can do gardening. I can still remove the grass, so I can earn a living for that or taking care of animals. For example, take care the goats." (P12)
Maintaining religious practices	1. Having connection with supreme being	I have strong faith in God. He is with me all the time. I always call the Lord. He is with me all the time and everywhere I go. He is in my mind and in my heart. I embraced him, and whatever happens to me, he knows it." (R7)
	2. Being active in religious activities	"Aside from prayer, to deepen my relationship with the Lord, I go to church to attend the mass, I help other people whatever I can. For me religion

Themes	Subthemes	Participant Statements
		is very important for old people like me" (P1)

4.3 Discussion of Themes of Components of Independent Living

4.3.1 Maintaining Good Health

Maintaining good health is essential for community dwelling Filipino older adults to achieve independent living. Being physically healthy can help older adults to do the activities of daily living and stay independent as they age. Although the presence of health conditions is inevitable due to degenerative changes and lifestyle related factors, Filipino older adults viewed being physically fit and strong like is substantially important to be independent.

Significant statements that were coded under these theme are the following:

"I think I am still capable of being independent as long as I am not sick, like for example if I have stroke. I am encouraging Sisters to become independent but if they had stroke, they are no longer capable of doing it. When I don't feel well, I go to the infirmary. They provide all the medicines, including the doctors, laboratories, and I have regular blood works every 6 months because I have high blood. I am taking my maintenance medicines such as losartan, and simvastatin. I also go on diet, as much as possible I eat less fat. I have been doing this since summer because my doctor told me that I have hypertension when I was in Baguio." (P1)

"Independent living seniors means that I am healthy. But if I am sick, it's useless. It will be good if there is someone who can help you because you are a sick senior citizen. However, even though I have medicines but if I do not have something to eat, it is useless. That is important. But if the body is still strong, I do not need to depend on others." (P20)

Furthermore, one of the participants added that older adults need to take their medicine regularly, exercise, and have good diet in order to have good health.

"I need to exercise my body. It is wrong if I will just stay at home because I am old. I do not agree with that reason, it is being lazy. I should move my body so the blood vessels and bones will become lighter." (P31)

4.3.2 Ability to engage in self-care

The ability to care for one-self is an important aspect of life that cannot be disregarded. Self-care is undeniably part of every individual's life that are necessary to ensure biologic functioning. It refers to the ability of older adults to perform activities of daily living such as personal hygiene or grooming, dressing, bathing, toileting, transferring or ambulating, and eating. Advancing age can cause a decline or impairment in physical functions but it does not limit their ability to perform daily activities, unless due to a medical condition. Community dwelling Filipino older adults viewed that self-care is essential to independent living. The independence of caring for self is rewarding in old age.

Significant statements that were coded under these theme are the following:

"I think I can still perform daily activities for my age. I can clean the house, launder clothes, cooking, travelling. As long, as it is household chores, I can. Why can't I be independent if I still can? Now, there are news that there are 100 years old senior living independently. Seniors can still walk, cook, and go to market. It does not choose any age. My children will say that I can do it because he I am strong. I am 65 years old. I do all the households like ironing, and laundering. I still can without limitation." (P3)

Furthermore, one of the participants stated:

"I should be able to produce my own food. I can perform household activities without depending on others like laundering clothes and cooking my own food." (P12)

4.3.3 Unburdening others

The feeling of being a burden to others create feelings of frustration and guilt due to the suffering it imposes on others. Moreover, it creates a negative impact on the sense of dignity and independence. Filipino older adults recognized that their adult children have their own families to care for. Therefore, being taken cared of is considered a burden to their families. The participants viewed that independent living means that they are not a burden to their families or significant others. Being a burden is viewed as a contributing factor to physical decline.

Significant statements that were coded under these theme are the following:

"As much as possible I do not want to experience being taken care of by my children. I will be a burden to my children. That is bad. My children are also taking care of their family. But we Filipinos are different because we have strong family ties. We cannot do anything if you can't take care of yourself. I also experience it because my parents are also like that. No one will help except the children." (P12)

"I should not be a burden to my children. I should not be treated like a baby because my children have a comfortable life. If I act like a baby, I will feel weak. That is why I am independent." (P15)

4.3.4 Gaining control

Gaining control or a sense that they can do things that they want to are essential to independent living. Filipino older adult states that independent living means that they can do what they desire depending on their capability and without the interference of their adult children or their significant others. Gaining control promotes confidence, self-worth, and dignity of the older adults.

Significant statements that were coded under these theme are the following:

"I think I am independent because I can do what I want. I do not want to depend on others. If I can, I will do it so I will not depend on them. I think independent seniors can do what they want physically. It means that my children will not interfere with me." (P20)

Additional statements from the participants:

"I think independent living means I am able to accomplish what my heart desires. For example, I can do whatever I want. If I want to work, I can work as long as I am capable." (P29)

"There is a big difference between doing it by myself and receiving help from others. Receiving help from others and being dependent is different. It feels good if the food that I eat is the product of my own effort as compared to what is given by others. I do not know what my relatives or families is thinking about me. They think that I am dependent on them for my needs. It hurts to hear that I am dependent on the person. But if it is on my own, I can talk to that person with heads up high because I am not

dependent and I do not take advantage of the person. If I cannot do it physically, that is the time that I ask for help." (P30)

4.3.5 Engaging with the community

Community engagement is important to independent living. Older adults viewed that participating in social activities in the community has a positive impact on their well-being. It boost their moral because they felt valued in the society. Moreover, it helps in building relationships, reduce social isolation, and good physical health.

Significant statements that were coded under these theme are the following:

"I think I am socially independent. It means that I can attend for community deliberations or activities. It is important that I have social activities because it makes me happy, and I feel valued in the society. I can still help with the community. I can still do it. I should interact with others in the community and do activities that will entertain me to manage stress." (P1)

"I am active in attending birthday events. I attend occasions so I will be entertained. It makes me happy. I dance if there is music playing. I enjoy my life now compared when I was younger. Now that I am older, I am very active with social gatherings. I do not agree with seniors who do not like to attend social gatherings because they are old. I need to be happy because I will not be physically strong forever. I need to socialize while I am still strong. I still attend parties." (32)

4.3.6 Connecting with family and significant others

Connecting with the family and significant others are important to achieve independent living. Older adults with constant communication with their families and significant others maintains their self-esteem, reinforces a sense of identity, and cope with stresses related to aging. In the Philippine culture, the family is considered as the main support network of older adults, thus constant communication with family, friends, and significant others provides a sense of well-being.

Significant statements that were coded under this theme are the following:

"My social activities is I greet people that I am close to. Of course, my family are living in one neighborhood. I still have communication with my friends in our previous home through Facebook. I still meet them whenever I visit the place. There is

no definite time, as long as I am there I visit them. There is no regular time when I go there. When I learned that one of my close friends died. I went there, and it is normal. You should be able socialize with other people. That is important for me to meet my friends, and it makes me happy." (P3)

"My son is in Saudi. I always communicate with him that is why I always go in our previous home because it has wifi. It is the same thing with my other child working as a seaman. If they are in the port and there is signal, we talked. Whenever I go out, usually it is with my wife or with my wife's siblings or my siblings. My grandchildren also goes with us. If all of my children are here, we bond together. I feel good and relieve from stress when I talk to my family" (P30)

4.3.7 Making decisions

Making decisions is important for older adults to achieve independent living. Older adults viewed decision making process as essential to their dignity, and self-worth. Moreover, the ability to make decisions also let them feel that they are in control of their functional capacities.

Significant statements that were coded under these theme are the following:

"I think it's not good if I let my children decide for me. I will be like a puppet. They will decide where to bring me and whatever they want, and they will not ask me. For me, it is bad. I should also know about it and whether I agree or do not agree with it. Seniors like me have a right to decide. I think I do not have a right anymore if I let my children decide for me. I will lose my dignity. They do not respect me anymore because I already reached that age, and they decided for me. That is bad. At least I should know it. It is important that I know, and I make the decision. It should not be disregarded because I am already old. It is not right; I pity seniors who experience that." (P13)

"I want to decide for myself like when will I take a bath, when will I change my clothes because I see that old people are bath by their caregivers. For a long time, I keep my privacy and my body, dignity, and sanctity. I wish that I will not loss that ability to handle myself and make decisions. I don't want to experience that there will come a time that someone will decide for me when to eat and feed me." (P1)

4.3.8 Having good relationship with others

Having good relationship with family members, friends, and others is necessary to independent living. Filipino older adults perceives good relationship as manifestations of love and belongingness which is essential to their well-being.

Significant statements that were coded under this theme are the following:

"In terms of my relationship with my children, I don't think they will say anything because I am not that kind of parents that keeps our anger. I do not have problems with my in-laws." (P14)

"I do not get involved in conflicts or fights. My social activities is I greet people that I am close to. Of course, we are living in one neighborhood." (P7)

"It makes me happy when I do not have any conflicts with my wife and grandchildren. They already know little things and you can see their love for you. If you tell them to hug, they will hug you. If you tell them to bless, they will bless. It is a big thing." (P8)

"I have a good relationship with my family. We are happy. Sometimes, we do not talk to each other if we feel bad with each other but are able to resolve it. I feel happy if we do not fight each other in the family. They also listen to what I want. We do not fight each other, and we have a harmonious relationship. I am happy. I do not feel sad (laughing)." (P10)

4.3.9 Having a source of income

Having a source of income is essential to independent living. Due to their age, the Filipino older adults do not have a stable source of income to support their basic needs because they retired from job. Although the Filipino older adults receives their pension through the social service program of the government it is not enough to meet their needs. Moreover, older adults do not want to depend on their children for financial support. Therefore, a stable source of income through a job that is present in the community will provide opportunities to earn in order to sustain their food, buy their medicines, and things that they want.

Significant statements that were coded under these theme are the following:

“I should have a source of income so I will not depend on my children. I can afford to buy the things that I want without depending on my children. I can sell foods.

I am still strong, so some people ask me to cook for them during events. If I can, I can work so I do not have to depend on my children. Seniors like me can cook or sell food products. When I was young, I am fond of cooking and selling cook meals like snacks or breakfast. It depends on the seniors, some can while others can't. For me who is used to poverty, I do it so I will not depend on my children." (P17)

"Dependent means that seniors are dependent on their children for financial needs. I think seniors like should have a source of income. The pension that I received is not enough to buy for the things that I need. Like me, I like planting so I can do gardening. I can still remove the grass, so I can earn a living for that or taking care of animals. For example, take care the goats." (P12)

"I think it is important to have a source of income to live independently. First, I have money when I get sick. Second, I have money if I want to buy something that I like. If I have a source of income, I have the money to spend. For example, if I want to eat something, I have the money to buy for that food. It is important that I have a source of income because I have money that I need even if it is just a small amount." (P7)

4.3.10 Maintaining religious practices

Spirituality has a play an important role towards independent living. Developing a personal relationship with the God promotes the wellness of a Filipino older adult. It decreases the feeling of helplessness and loss of control that older adults experience with illness, reducing stress, and promote purpose in life. Moreover, having a positive relationship with God and a sense of spirituality contributes to positive ageing.

Significant statements that were coded under these theme are the following:

"Faith is the most important in my life. If he is not there and I do not know how to call him, its nothing. The number one important is knowing him. Faith is number one. I must stick with him with my age. I pray to have good body, long life so I can still live my life with my loved ones like my children and grandchildren." (P8)

"I have strong faith in God. He is with me all the time. I always call the Lord. He is with me all the time and everywhere I go. He is in my mind and in my heart. I embraced him, and whatever happens to me, he knows it.” (P7)

"For old people like me, it is important that I have relationship with the Lord because I am in the last stage of my life. I should always count on him. Whatever,

whenever, and wherever you go. I always thank the Lord for everything he have given me. Aside from prayer, to deepen my relationship with the Lord, I go to church to attend the mass, I help other people whatever I can. For me religion is very important for old people like me because when I get a severe disease and everything has been done but I am still going to die, he is the only one can help me. When time comes, he is the only one I can call, and miracle happen." (P1)

4.4 Dimensions of Independent Living

Table 4.3 Dimensions of independent living based on the components and subthemes.

Dimensions	Components Themes	Subthemes
Physical	1. Maintaining good health	1.Having healthy body
	2. Ability to engage in self-care	1. Having the ability to care for oneself
		2. Being able to perform activities of daily living
	3. Unburdening others	1. Not a burden to others
		2. Being able to support own financial needs
Psychological	4. Gaining control	1. Being able to do things without help from others 2. Achieving self-satisfaction
	5. Making decision	2. Having the ability to decide on your own
Social	6. Engaging with the community	3. Participating in activities in the community
		4. Being able to contribute in the community
	7. Connecting with family and significant others	2. Having the ability connect with family and significant others
	8. Having good relationships with other	2. Having peaceful relationship with family and friends
Financial		1. Managing a business

Dimensions	Components Themes	Subthemes
	9. Having a source of income	2. Receiving regular pension
		3. Being employed
Spiritual	10. Maintaining religious practices	1. Having connection with supreme being
		2. Being active in religious activities

From the themes identified, the researcher categorized the themes into different dimensions of independent living namely, physical, psychological, social, economic, and spiritual. The physical dimensions of independent living refers to the functional capacity of the older adults necessary to ensure biologic functions. The components of the physical dimensions were 1) maintaining good health, 2) caring for self, and 3) unburdening others. The psychological dimensions of independent living refers to the capacity to make independent decisions on matters concerning them without force or influence from others. The components of the psychological dimension were 4) gaining control, and 5) making decisions. The social dimension of independent living refers to the capacity of older adults to establish meaningful relationship to family, friends, and social networks. The components of the social dimension were 6) engaging with the community, 7) connecting with family and significant others, 8) having good relationship with others. The financial dimension of independent living refers to the capacity to manage resources to meet individual needs. The component of the financial dimension was 9) having a source of income. The spiritual dimension of independent living refers to the internal beliefs and personal experiences with the transcendent. The component of the spiritual dimension was 10) maintaining religious practices.

In the Philippines like in many Asian countries, independence and dependence are interrelated and considered as a social norm (Weng & Robinson, 2014). In the Eastern culture, the family is considered as the center of the universe and the individual views himself as part of the whole family. The concept of familial collectivism and traditional beliefs of filial piety promotes close family ties and relational independence among Asian older adults(Devasahayam, 2014). In most Asian families, older adults are dependent on the support and care of their adult children. According to Leever

(2011), each culture has different ways, patterns, expressions, and definitions of independence or autonomy. In a study done by Matsui & Capezuti (2014), there are more older adults (70%) who are living alone in Western countries compared to Asian countries. Moreover, Wester older adults reported higher levels of perceived autonomy as compared to Asian older adults. Matsui & Capezuti (2014) also explained that culture influenced the interpretation and responses of older adults. It is found that the Western culture promotes a sense of power when older adults make their own decisions (Leever, 2011). Therefore, independence in Western culture emphasizes individualism, whereas Asian culture particularly in the Philippines emphasizes relational independence (Karasawa et al., 2011; Matsui & Capezuti, 2014).

4.5 Chapter Summary

The results and discussions reported in this chapter is a product of conducting a qualitative research of the experiences of 32 community older adults in the Philippines. The participants in the study reflected on the components and dimensions of independent living in the context of Filipino older adults. The thematic categories that emerged as result of analyzing the data were organized and presented in alignment with the research questions.

The components of independent living as perceived by community dwelling Filipino older adults are maintaining good health, ability to engage in self-care, unburdening others, gaining control, making decisions, engaging with the community, connecting with family and significant others, having good relationship with others, having a source of income, and maintaining religious practices. Advancing age can cause a decline or impairment in physical functions due to degenerative changes and lifestyle related factors. However, advancing age should not limit the functional capacities of older adults in performing activities of daily living, self-care, making decisions, participating in community activities, managing a business, or being employed, and communicating with families and friends. Despite of their physical limitations, they want to be able to do things on their own without the help from others to achieve self-satisfaction, and to maintain their dignity and well-being. Older adults must be given equal opportunities like young healthy adults unless help is sought to allow them to live independently. Notably, it is essential that older adults to have a

healthy body to be able to perform functional activities. Furthermore, older adults do not want to feel a burden to their family and the community, as such they want to be able to support their own financial needs by receiving their regular pension and earn an income within their capacity. Additionally, they want to be active in religious activities and be able to contribute to the community. These components are essential for older adults to live independently.

The dimensions of independent living as described by community dwelling Filipino older adults reflects the different components of independent living namely, physical, psychological, social, financial, and spiritual aspects. The physical dimensions reflected the importance of having a good state of health and functional capacity to live independently. It is also important to note that social and financial dimension plays an important role in the maintenance of health and well-being of older adults as it is a predictor of living a healthy and long life among older adults. The psychological and spiritual dimensions also contributed to older adult's positive attitude toward aging. These dimensions are important for older adults because of its impact on their well-being.

Findings of the study suggests that independence for older adults is multidimensional which reflects their cultural identity, resources that they need, and their attitudes toward aging. For older adults, independence means being able to meet their physical, social, psychological, and financial needs. Moreover, findings revealed that the environment and culture of older adults influence their definition of independence. Older adults living in different settings, culture, social policies, and health care services have different definitions of independence. The definition usually reflects the resources and activities that they need to maintain their wellbeing or quality of life. Notably, older adults living in their own dwelling included the needs to do activities that enhance their spiritual wellbeing. It is also important to note that financial security is an important component for older adults to meet their physical needs. The physical environment, social policies, and health care services also influence the definition of independence of older adults.

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The term “independent living” has multiple meanings and it is interpreted depending on the values and attitude of persons and interest groups. Literature suggests that there is no existing published literature on the meaning of independent living among community dwelling Filipino older adults. Therefore, the purpose of this study is to describe the components and dimensions of independent living in the context for community dwelling Filipino older adults.

This study utilized qualitative descriptive approach to describe the components and dimensions of independent living among community dwelling Filipino older adults. The research was conducted in two urban cities in the National Capital Region (NCR) and two rural provinces in Region 3 in the Philippines. Data were collected using in-depth semi-structured interviews. Through purposive sampling, 32 community dwelling Filipino older adults were identified as the sample population. Through content analysis, the researcher identified 10 components of independent living and categorized to 5 dimensions of independent living. The physical dimension of independent living were composed of three components namely, maintaining good health, ability to engage in self-care, and unburdening others. The psychological dimension were composed of two components namely gaining control, and making own decisions. The social dimension of independent living were composed of three components namely, engaging with the community, connecting with family and significant others, and having good relationship with others. The financial dimension was having a source of income, and the spiritual dimension of independent living was composed of maintaining religious practices.

Findings of this study revealed that for Filipino older adults, the concept of independent living included maintaining good health, ability to engage in self-care, unburdening others, gaining control, making decisions, engaging with the community, connecting with family and significant others, having good relationships with others,

having a source of income, and maintaining religious practices. These concepts were categorized into five components reflecting the physical, psychological, social, economic, and spiritual dimension of independent living. Independent living in the context of community dwelling Filipino older adults are multi-dimensional, and it reflects the Philippine culture, attitudes toward aging, and the resources needed by older adults. The components and dimensions of independent living are important for Filipino older adults because of its positive impact on their health and well-being because it promotes self-worth and dignity.

5.2 Limitations

The findings of this study had several limitations. First, the findings of this study cannot be generalized to all older adults living in urban and rural areas in the Philippines. The researcher was not able to recruit older adults living in home care facilities and other regions of the Philippines. It is also important to note that most of the older adults are Catholic whose perceptions and beliefs may differ from those of other religions like Muslim.

5.3 Implications and Recommendations

5.3.1 Nursing Practice

The results of this study about the components and dimensions can provide understanding on the needs of community dwelling Filipino older adults. It can assist nurses in creating individualized nursing care plan for community dwelling Filipino older adults to achieve independent living in the community. It is recommended that nurse practitioners will be able to utilize the findings in creating programs that will ensure the health and well-being of older adults.

5.3.2 Nursing Research

The results of this study can provide a basis for nurse researchers to conduct future studies on older adults. The results of this study may guide future researchers in developing a tool and model of independent living for Filipino older adults. Moreover, this study may be replicated by other researchers using mixed method approach in

different countries with a different context including older adults living in home care facilities. Meta analysis and quantitative comparative studies are recommended in future studies to correlate the findings of this study.

5.3.3 Nursing Education

This study may serve as a guide for understanding the abilities of Filipino older adults to live independently. The results of this study may benefit future nurses in promoting independent living of Filipino older adults in the community.

5.3.4 Nursing Administration and Management

This study may guide policy makers in prioritizing services and developing programs to address the needs of the Filipino older adults. Moreover, the results of this study may serve as guide to health administrators in home care facilities to structure their activities to promote independent living, and well-being of older adults. It is recommended that policy makers will be able to utilize the findings in creating laws and programs that will ensure the health and well-being of older adults in the community and their families that will provide training on how to care for their older adults in the family.

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APPENDIX A

INTERVIEW GUIDE (ENGLISH VERSION)

Interview Start Date: _____ Participant ID: _____

Interview Start Time: _____ Researcher Code: _____

Introduction

Thank you for meeting with me. My name is Ritzmond. I am a PhD student from the Thammasat University in Pathum Thani, Thailand. I am conducting a research study to develop a scale that will assess the ability of Filipino older adults to live independently. I am interested in knowing how Filipino elderly adapt or adjust to physical, mental, or social limitations that can occur with age and how they can live independently.

Everything that we will talk about today is confidential and will be kept private. Your answers will be recorded but your name will not be given. There are no right or wrong answers. If you feel uncomfortable with the questions or you do not want to answer the questions, we can skip that question.

FOCUS	QUESTIONS
Housing (own home and community, accessibility, safety, security)	Tell me about your current living situation? a. How long have you been living here? b. Are you currently living alone or with other people? c. In the past, did you mostly live alone or with other people? d. If living with other people, can you tell me who else lives in your household? e. Do you prefer living alone or with other people? 1. What is it like for you living here? a. Did you choose to live here? b. Is it easy for you to get about your home? c. Can you get upstairs for example?

FOCUS	QUESTIONS
	d. Is your bathroom easy to get to/use? Are you able to take a bath/have shower? Are you able to take a bath as often as you'd like? e. How do you maintain your house/home? Is it hard for you? f. Has your house/home been changed to make it easier for you to get around? If yes, how? If no, do you feel it needs to be change? g. Is there anything you would like to change in your house? 2. Is this a good place to live? a. Are the shops nearby? b. What are the facilities in your community? c. Is it easy for you to get here? d. If no, how do you manage? 3. Is this a safe place to live? a. Who do you call or contact if you need help? b. Can they get to you quickly?
ADL (self-care, range and availability of services)	Tell me about your typical day? a. Tell me what you did yesterday? b. Are you able to look after yourself? i.e. dressing, washing, cooking, walking, travelling, toileting, eating, bathing c. Which of these activities did you find challenging? d. What other activities do you find challenging for you? e. How do you cope up in doing these activities? f. If you need help, who helps? What helps? g. Is that help available to you 7 days a week? h. Is there help that you need that you are not able to get at the moment?

FOCUS	QUESTIONS
	i. Is there any other help that you would like? i.e. home help, aids, appliances etc. j. Do you feel that you are able to do things like other people?
Health (Maintenance, Prevention, Management of diseases)	How would you describe your health? a. Are you very healthy or you have some problems? If yes tell me more? b. Are you currently taking any medicines? c. How do you protect yourself from illness? d. What do you do when you feel ill? e. How do you know if you are sick or not? f. Have you been hospitalized or went to the clinic for the last 6 months? g. If yes, can you tell me something who cared/accompanied you? h. Is there a difference between what your health now and years ago?
Lifestyle (Rest and recreation, exercise, diet)	How would you describe your lifestyle? a. How would you describe your food intake? What do you eat in a normal day? How many times do you eat in a day? b. How do you keep yourself fit and healthy? c. What do you do if you feel tired from all your activities? What is a good rest for you? d. What activities do you enjoy doing with? e. How important are these recreational activities for you? f. How about vices? Smoking? Alcohol? Gambling?
Opportunities to participate in	Tell me something about your social activities? a. What kind of activities are there available in the area/community that you can participate?

FOCUS	QUESTIONS
social activities and recreation	b. Do you get involved or attend with these activities? c. Are you still able to take part in the things that you enjoy?
Relationships with friends and families	Do you have someone that care or support you? (Yes/No) a. If yes, who is the person/s that care or support you? b. What is your relationship to that person/s? c. What kind of support do you receive from that person/s? d. Do you keep in contact with your friends? e. How do you keep in touch? (telephone, visit, email) f. Do you have visitors? Do you see them often? g. Do you have visits from anyone else? (neighbors, voluntary groups)
Self-esteem, attitude, mood	How do you feel about yourself? a. What makes you happy in life? b. Are you able to do the things that make you happy or that you enjoy?
Making independent decisions	Tell me something about the things that matters to you? a. Describe the situation that you are able to influence? b. What do you feel when you are not able to influence? c. Describe the situation that you allow others to decide for you? d. What do you feel when you allow others to decide for you? e. How do you decide what you do each day? f. Can you plan and make decisions about your day? g. Are you still able to do the thing that are important to you?
Stress management	How would you describe stress? a. What situations do you feel stress or anxious? b. How do you cope up with stress or anxiety? c. What situations
Income, expenses	Tell me something about your other concerns? a. What are your main expenses? b. Which of these things could you not live without?

FOCUS	QUESTIONS
	c. What are your sources of income? d. Which of these sources of income could you not live without? e. How important is having your own income? f. How did you prepare for your future expenses? g. How do you balance your income and expenses? h. Are there things that you need help with that you don't currently get help with? i. Are there things you would like your family to do that they don't do? j. Are there other things that your family members could be doing to help?
Use of appliances, devices, machines	Tell me something about the things that are important to you? a. What kind of machines or devices do you use in your daily living? b. How important are these things (appliances, assistive devices, machines) help you in doing these activities? c. How did you learn to use these things?
Religion	Tell me something about your religion? a. Is religion important to you? If yes, is it more important as you grow older? In what ways? b. Are you involved in any activities in your church? If yes, what are these activities? c. How important are these religious activities for you? d. Is attending mass/service important to you? If yes, are you able to attend?
Personal definition of independence	What does being independent mean to you? a. Is there anything in your life that affected your independence? If yes, in what ways?

FOCUS	QUESTIONS
and dependence	b. What would help you to be more independent? If yes, what would have you independent? c. What does being dependent mean to you? d. Would you describe yourself as being dependent now? If yes, in what ways?
General	Is there anything else that you would like to share? a. Is there anything else that we haven't asked that you think is important for your independence? b. Were there any questions that made you uncomfortable? c. If yes, could we have asked that question in a different way?

Thank you for doing this interview. You've given me so much to consider. Would it okay if I contact you in the future if I have any additional questions.

APPENDIX B

CONTACT SUMMARY (ENGLISH VERSION)

Interview date: _____ Participant ID No: _____

Time of interview: _____ Interview No: _____

Site: _____

Major topics addressed during the interview:

APPENDIX C
RESPONDENT PROFILE QUESTIONNAIRE
(ENGLISH VERSION)

Number:_____ Date:_____

Directions: Kindly place a check mark (✓) on the items that apply to you and fill-up the following:

Name:_____

Address: _____

Contact No:_____

Date of Birth:_____ Age:_____

Religion: ☐ Roman Catholic ☐ Iglesia ni Cristo ☐ Islam ☐ Protestant

☐ Others, please specify _____

Civil Status:

☐ Single ☐ Married ☐ Widow/Widower ☐Divorced/Separated ☐ Live-in

Sex: ☐ Male ☐ Female

Educational Attainment:

☐ No formal education	☐ Elementary level	☐ Elementary graduate
☐Pre-School	☐ High School Level	☐ High School Graduate
	☐ College Level	☐ College Graduate
	☐ Master Level	☐ Master Graduate

☐ PhD Level ☐ PhD Graduate

Source of Income and Assistance:

☐ Own earning's salaries/wages ☐ Spouse's salary ☐ Rentals/sharecrops

☐ Own pension ☐ Insurance ☐ Savings

☐ Stocks/Dividends ☐ Spouse's pension ☐ Livestocks/Orchards

☐ Dependent on children/relatives ☐ Others, please specify _____

Assets & Properties: (Check all applicable)

☐ House ☐ Farmland ☐ Commercial Building

☐ House & Lot ☐ Fishponds/Resorts ☐ Lot

☐ Others, please specify _____

Monthly income in Peso:

☐ 999 and below ☐ 4,000 - 4,999 ☐ 8,000 – 9,999

☐ 1,000 – 1,999 ☐ 5,000 - 5,999 ☐ 9,000 – 9,999

☐ 2,000 - 2,999 ☐ 6,000 – 6,999 ☐ 10,000 and above

☐ 3,000 – 3,999 ☐ 7,000 – 7,999

Living/residing with:

☐ Alone ☐ husband/wife ☐ children

☐ Relatives ☐ Friends ☐ common law spouse

☐ Grandchildren ☐ Househelp ☐ In-Laws

☐ Others, please specify _____

II. Health Profile

Directions: Kindly place a check mark (✓) on diseases that is present.

☐ Diabetes ☐ Hypertension ☐ Heart disease

☐ Liver disease ☐ Rheumatism ☐ Asthma

☐ Tuberculosis ☐ Cancer ☐ Alzheimer

☐ Others, please specify? _____

Are you taking any maintenance medicines at present? ☐ Yes ☐ No

If yes, specify the name of the medicine?

_____

APPENDIX D

RESPONDENT PROFILE QUESTIONNAIRE (PHILIPPINE VERSION)

Bilang:_____ Petsa:_____

I. KALIGIRANG PERSONAL

Pangalan:_____

Tirahan: _____

Telepono:_____

Araw ng Kapanakan:_____ Edad:_____

Relihiyon:_____

Katayuang Sibil: (Tsekan ang isa)

____ Kasal _____ Walang Asawa _____ Biyudo/a _____ Hiwalay

Kasarian: (Tsekan ang isa) _____ Babae _____ Lalake

Edukasyon: (Tsekan ang isa)

_____ nakatapos ng Elementarya _____ nakatungtong ng Elementarya

_____ nakatapos ng hayskul _____ nakatungtong ng hayskul

_____ nakatapos ng kolehiyo _____ nakatungtong ng kolehiyo

Trabaho: _____ Walang Trabaho _____ May Trabaho

Kung may trabaho, anong uri ng trabaho:_____

Buwanang kita: P_____

II. KALIGIRANG MEDIKAL

_____ Diabetes type 1 _____ Diabetes type 2

_____ Mataas na kolesterol _____ Altaprasyon

_____ Karamdaman sa puso

_____ iba pang sakit (Tukuyin:_____)

APPENDIX E

BARTHEL INDEX

Name: _____

ADL	SCORING				SCORE
Bowel	O Incontinent	5 Occasional accident	10 Continent		
Bladder	O Incontinent or catheterized & Unable to manage	5 Occasional accident (max 1 x per 24 hours)	10 Continent (for over 7 days)		
Grooming	0 Needs help	5 Independent, face/hair/teeth/shaving			
Toilet use	0 Dependent	5 Needs some help, but can do something	10 Independent (on & off, dressing, wiping)		
Feeding	0 Unable	5 Needs help cutting, spreading butter, etc.	10 Independent		
Transfer	0 Unable	5 Major help (1-2 people, physical)	10 Minor help (verbal or physical)	15 Independent	
Mobility	0 Immobile	5 Wheel Chair independent including corners etc.	10 Walks with help of 1 person (verbal or physical)	15 Independent (but may use any aid, e.g. stick)	
Dressing	0 Dependent	5 Needs help, but can do about half unaided		10 Independent	
Stairs	0 Unable	5 Needs help (verbal, physical, carrying aid)		10 Independent up and down	

Bathing	0 Dependent	5 Independent	
		TOTAL	

0-20 Total dependency

21-60 Severe dependency

61-90 Moderate dependency

91-99 Slight dependency

100 Fully independent

BIOGRAPHY

Name	RITZMOND LOA, RN, MAN
Educational Attainment	Academic Year 2000: Bachelor of Science in Nursing, University of Santo Tomas Nursing España, Manila, Philippines Academic Year 2012: Master of Arts in Nursing, University of Santo Tomas Graduate School España, Manila, Philippines Academic Year 2016: Doctor of Philosophy in Nursing Science, Thammasat University Faculty of Nursing Pathum Thani, Thailand

A. Post-Graduate Course/Non-Degree Programs/Diploma

2018	**PRIEST HOSPITAL, DEPT OF MEDICAL SERVICES** Post Graduate Course on Palliative Care for International Nurses 2 Bangkok, Thailand
2017	**UNIVERSITY OF ILLINOIS AT CHICAGO** International Visiting Scholar Chicago, Illinois, USA
2017	**THAMMASAT UNIVERSITY** **FACULTY OF PUBLIC HEALTH SCHOOL** Post Graduate Course on Public Health & Crisis Pathum Thani, Thailand
2017	**PRIEST HOSPITAL, DEPT OF MEDICAL SERVICES** Post Graduate Course on Palliative Care for International Nurses Bangkok, Thailand
2013	**UNIVERSITY OF THE PHILIPPINES, PUBLIC HEALTH** Post Graduate Course on Health Promotion &Education Manila, Philippines

2011	**UNIVERSITY OF THE PHILIPPINES, PUBLIC HEALTH**
	Post Graduate Course on Community Organizing for Community Manila, Philippines
2005	**MANILA HEALTH DEPARTMENT, TRAINING OFFICE**
	Training on Community Health for Clinical Instructors Manila, Philippines
2002	**PHILIPPINE SOCIETY FOR QUALITY HEALTH CARE**
	Training of Trainors on Total Quality in Health Care Quezon City, Philippines

WORK EXPERIENCE

Aug 2020 to present	**Philippine Journal of Allied Health Sciences**
	International Academic Reviewer
Nov 2004 to present	**UNIVERSITY OF SANTO TOMAS, NURSING**
	Espana, Metro Manila, Philippines, 1015
2004 to Present	Assistant Professor and Clinical Faculty
2019 to Present	International Relations, Coordinator
2013 to 2015	Community Development & Extension Services Coordinator
2013 to 2016	Institutional Research for Quality Assurance Head-Research Board
2020 to present	Ethics Review Board, Member

August 2000 to 2005	**CAPITOL MEDICAL CENTER**
	Scout Magbanua St. Quezon City, Philippines, 1103
2002 to 2005	Nursing Educator & In-Service Training Coordinator Nursing Division & Human Resource Department

2000 to 2002	Staff Nurse
	Nursing Service Division

PUBLICATIONS

1. Loa, R. Chapter 6: Nursing Process in the care of the community. Chapter 14: Noncommunicable disease prevention and care of ageing population. Chapter 15: Control of Communicable diseases. In: Nies, McEwen & Sumile, eds. Community and Public Health Nursing 2nd Philippine Edition. Singapore:Elsevier Saunders; 2019.
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